PROVIDENT
TRUST GROUP
an Ascensus® company

IRA Transfer Request

The term IRA will be used below to mean inherited Traditional IRA, Traditional IRA, Roth IRA, inherited Roth IRA, SEP IRA, and SIMPLE IRA unless otherwise specified.

VIP Services: (888) 855-9856 | info@trustprovident.com
8880 W. Sunset Rd., Suite 250, Las Vegas, NV 89148

CLEAR PRINT

Section 1 Recipient

First Name
MI
Last Name

Email
Last Four Digits of Social Security Number

Account Number

Accepting Account Type ☐ Traditional IRA ☐ Roth IRA ☐ SIMPLE IRA ☐ Inherited Traditional IRA ☐ Inherited Roth IRA

If you have not already opened the IRA with us, you must also complete and submit an Application to us with this transfer form for processing. Refer to the current Fee Schedule for any applicable fees.

Section 2 Relationship of Recipient to Current IRA Owner

Relationship Type *(Select one)*

☐ I am the current IRA owner.

☐ I am the spouse beneficiary of the deceased IRA owner, transferring assets to my own IRA.

☐ I am the beneficiary of the deceased IRA owner, transferring assets to an inherited IRA.

Section 3 Current IRA Owner Information

Account Number

Account Type ☐ Traditional IRA ☐ Roth IRA ☐ SIMPLE IRA ☐ Inherited Traditional IRA ☐ Inherited Roth IRA

If you are NOT the current IRA owner, complete the current IRA owner's name and the last four digits of his or her social security number below.

First Name
MI
Last Name

Last Four Digits of Social Security Number

Section 4 Current Trustee/Custodian Account Information *(The trustee/custodian sending the assets.)*

Current Trustee/Custodian Name
Phone

Address
City
State
Zip

Section 5 Transfer Amount

Select Option A or Option B below. Failure to select an option will result in a transfer rejection.

☐ **Option A:** Transfer entire account balance *(Select one)*

1. ☐ Liquidate all assets and transfer cash balance to receiving IRA

   Approximate cash amount: $ ______

2. ☐ Re-register all assets and transfer cash balance to receiving IRA

   Approximate cash amount: $ ______

☐ **Option B:** Transfer a portion of the account balance

Cash Transfer Amount $ ______

For all liquidation requests, contact your current trustee/custodian to initiate the process.

Include a copy of your most recent account statement.

All accounts are required to maintain a minimum cash balance of $500 at all times.

Asset Type to Re-Register	Asset Value	Quantity/Number of Shares *(If applicable.)*
Asset Type to Re-Register	Asset Value	Quantity/Number of Shares *(If applicable.)*

Re-register Assets to:

Provident Trust Group FBO *(IRA Owner's Name)* IRA (or Roth IRA)

Forward copies of executed assignments, investment contact information, and evidence of ownership (original asset documents) to Provident Trust Group.

Section 6 Delivery Options for Current Trustee/Custodian

Send the requested transfer as indicated below. *(Select one.)*

☐ **Check via Regular Mail**
Provident Trust Group, LLC
Attn: Lockbox Department
P.O. Box 4330
Ontario, CA 91761-8330

Make check payable to:
Provident Trust Group, LLC
FBO: Client Name and Acct Type

☐ **Check via Overnight Mail**
Citizens Business Bank
Attn: Lockbox Operations Department
9337 Miliken Ave.
Rancho Cucamonga, CA 91730-6002

Make check payable to:
Provident Trust Group, LLC
FBO: Client Name and Acct Type

☐ **Wire Transfer**
Citizens Business Bank
16830 Ventura Blvd. Suite 310
Encino, CA 91436

ABA Number 122234149
Account Number 046032314

Please reference "Provident Trust Group" in the Bank Account Name and the Account Owner's Name and Account Number in the OBI section

Section 7 Processing Options for Accepting Custodian

1. Your transfer request will be processed and submitted to the current IRA Trustee/Custodian within three business days unless you request expedited service by selecting an option below. Processing fees will be paid from the cash available in your account unless you indicate otherwise below. See current Fee Schedule for applicable fees.

   For "Next-Day" or "Same-Day" Service, all documents must be received, and in good order, by 10 a.m. PST.

   ☐ **Next-Day Service**
   Processed by 4 p.m. PST next business day.

   ☐ **Same-Day Service**
   Processed within the same day.

   ☐ I elect to pay the fees related to this transaction with the credit card I have on file (*If you do NOT have a credit card on file, please complete a Credit Card Authorization Form.)*

2. Indicate below how this transfer request should be submitted to your current IRA Trustee/Custodian.

   ☐ **Option A:** Submit via Fax to ______

   Verify that the current IRA trustee/custodian accepts faxed requests prior to selecting this option.

   ☐ **Option B:** Submit via Mail *(Select one of the following mail processing options)* See the current Fee Schedule for fees applicable to expedited processing.

   ☐ Regular Mail (7-10 business days)
   ☐ Priority Mail (2-3 business days)
   ☐ Overnight Mail Cannot be sent to a P.O. Box

Section 8 Authorization for Release of Information

I, the undersigned, do hereby authorize the accepting custodian and its agents to request information regarding my account and the status of this transfer from the current trustee or custodian listed above. This authorization shall commence and be in full force as of the date listed below and shall remain in full force and effect thereafter until the completion of the transfer of the assets listed above.

Section 9 IRA Owner Agreement and Authorization

1. I hereby agree to the terms and conditions set forth in this IRA Transfer Request and acknowledge having established an IRA with the accepting custodian.
2. I understand the rules and conditions applicable to an IRA transfer. I understand that it is my responsibility to contact my current financial institution to determine whether a medallion signature guarantee is required. If a medallion signature guarantee is required, it is my responsibility to take this form to my bank or credit union for a medallion signature guarantee. (Failure to obtain a medallion signature guarantee could result in delays and/or rejection of this request by your current financial institution.)
3. I qualify for the transfer of assets listed on this form and authorize such transactions.
4. I understand that the accepting custodian does not have the authority to agree to anything different than my foregoing understandings of its policy.

Medallion Signature Guarantee

Contact your current custodian to inquire if a Medallion is required.

A Medallion Signature Guarantee program is approved by the Securities Transfer Association that enables participating financial institutions to guarantee signatures. The Medallion programs ensure that the individual signing the certificate or stock power is in fact the registered owner as it appears on the stock certificate or stock power. A signature guarantee can be obtained from your bank. If your current custodian does not require a signature guarantee, please sign below and return this form to the receiving custodian.

☐ I authorize the accepting custodian to Medallion Stamp this Form *(Signature and address must match your photo I.D. on file.)* See current Fee Schedule for applicable fees.

IRA Owner Signature	IRA Owner Name *(Please type or print)*	Date

Section 10 Signatures

I authorize the transfer of these IRA assets and certify that all information provided by me is true and accurate. I understand that I am responsible for determining that this IRA transfer qualifies under the rules that apply to such transfers and agree to comply with those rules. I assume responsibility for any consequences that may result from this transfer and I agree that the custodian is not responsible for any consequences that may arise from executing this transfer request.

The custodian signing below agrees to accept the assets being transferred.

IRA Owner Signature	IRA Owner Name *(Please type or print)*	Date
Officer Acceptance Signature	**Custodian Name *(Please type or print)***	**Date**

Congratulations! You are now able to submit your completed request.

Before you submit this form please to review all completed information prior to signing. When ready, mail, email or fax this completed form, along with a copy of your most recent statement, to:

If original transfer documents are required by your current custodian, mail completed forms to:

Provident Trust Group
8880 W. Sunset Rd., Suite 250
Las Vegas, NV 89148

If your current custodian will accept faxed transfer documents, please email OR fax to:

Email to: transfers@trustprovident.com

Fax to: (702) 253-7565