



IRA Transfer Request

STRATA IRA Internal Cash/Asset

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◆ E-sign and transmit directly to STRATA ◆ Safely upload supporting documentation ◆ Securely transfer data with SFTP file protocol

This form is used to initiate a direct cash transfer from a STRATA Trust Company ("STRATA") IRA to another like STRATA IRA.

This transfer request must be made between like STRATA account types (ex: Roth IRA to Roth IRA). When requesting a transfer between different STRATA account types (ex: Traditional to Roth), use the [Roth Conversion Request](#) or [Recharacterization Request](#) form.

Section 1 STRATA IRA Account Information

Accountholder Name	Daytime Phone Number
Social Security Number (Last 4 Digits Only)	Email Address

Section 2 Transferring Account Information

Transferring Account Number:

Type of IRA: ☐ Traditional ☐ Inherited Traditional ☐ Roth ☐ Inherited Roth ☐ SEP ☐ SIMPLE

Section 3 Receiving Account Information

Receiving Account Number:

Type of IRA: ☐ Traditional ☐ Inherited Traditional ☐ Roth ☐ Inherited Roth ☐ SEP ☐ SIMPLE

Section 4 Cash/Asset to Transfer

Select One: ☐ Full transfer, account will close. ☐ Partial transfer, account will remain open.

Select One: ☐ Transfer all cash.
☐ Transfer exactly \$ _____

Section 5 Terms and Conditions

I authorize the IRA transfer or direct rollover in the manner described above and certify that all of the information provided by me is correct and may be relied upon by the named current custodian listed in this form. I understand that I am responsible for determining my eligibility for transfer or direct rollover within the limits set forth by tax laws, related regulations and plan agreements. I represent that I have established an IRA account with STRATA as Custodian.

I agree to indemnify and hold harmless both my present custodian and STRATA from any and all costs, obligations, losses, claims, damages and expenses (including reasonable attorney's fees) related or associated with this request. If special handling is requested (wire or overnight delivery), I authorize the deduction of applicable fees from my account. I assume responsibility for any tax consequences or penalties that may apply and agree that the named custodian's shall in no way be held responsible.

 _____
Accountholder Signature

_____ Date

Form Submission Options

- Fax: 512.495.9554
- Email: Operations@StrataTrust.com
- US Mail: PO Box 23149, Waco, TX 76702
- Overnight: 7901 Woodway Drive, Waco, TX 76712

Client Services 866.928.9394 | IncomingTransfers@StrataTrust.com | Online: www.StrataTrust.com/Service-Request