



**Mail to:** The IRA Club  
 333 N Michigan Avenue  
 Suite 2220  
 Chicago, IL 60601  
**Phone:** (312) 795-0988

# SUPPLEMENTAL ACCOUNT INFORMATION

Please fill out the appropriate sections below and return this form to IRA Services at the address shown.

## A. PARTICIPANT IDENTIFICATION

NAME/LAST	FIRST	MIDDLE	SOCIAL SECURITY NUMBER
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## B. CONVERSION OF TRADITIONAL IRA, SIMPLE IRA OR SEP TO ROTH IRA

I wish to convert my Traditional IRA, SIMPLE IRA or SEP account to a Roth IRA as indicated below. I understand that this conversion will be reported both as a distribution on which I may owe income tax and a conversion contribution to my Roth IRA. I further understand that it is my responsibility to ensure that I am qualified to make this conversion and that none of the conversion assets include disqualified assets such as employer contributions or required minimum distributions.

I declare and make the following conversion election:

My Existing Account is: IRA It is a:  Traditional IRA  SIMPLE IRA  SEP

Select one:  This is a conversion to a new Roth IRA, I have attached a completed Roth IRA Application  
 This is a conversion to an existing ROTH IRA. My Roth Account Number is: IRA

Select one:  This is a full conversion, convert ALL assets held in the existing account listed above  
 This is a partial conversion, I have attached a list of the assets to be converted

## C. CONTRIBUTION RECHARACTERIZATION

I wish to recharacterize a contribution/conversion I previously made to the account listed below. I understand that it is my responsibility to ensure that this recharacterization is legal and is within the time limits imposed by IRS regulations and to report the recharacterization on Form 8606 as required by those regulations. I understand that the custodian will also recharacterize any income attributable to this contribution/conversion amount.

I declare and make the following irrevocable election:

**Type of Contribution/Conversion Recharacterization:**

(Select one)	Tax Year	Amount to Recharacterize	Date Originally Made
<input type="checkbox"/> Roth IRA Contribution to Traditional IRA Contribution:	_____	_____	_____
<input type="checkbox"/> Roth IRA Conversion back to Traditional IRA:	_____	_____	_____
<input type="checkbox"/> Traditional IRA Contribution to Roth IRA Contribution:	_____	_____	_____

Account from which to withdraw amount: IRA Account to which the deposit is to be made: IRA OR  I have attached a new account application

## D. BENEFICIAL ACCOUNT INFORMATION

I am transferring/rolling over a beneficial account where I am the beneficiary. I declare that the following information are the true facts and elections made at the time the account was distributed to me as beneficiary:

Grantor's (decedent) Birthdate: \_\_\_\_\_ Date of Death: \_\_\_\_\_  WAS or  WAS NOT in distribution at the time of death.

I am a (check one):  spousal beneficiary  non-spousal beneficiary  non-person beneficiary (trust, etc)

Select Election For Beneficiary Type:

<input type="checkbox"/> Treated as my own IRA	<input type="checkbox"/> Elect 5-year rule payout <sup>1</sup>	<input type="checkbox"/> Five year rule required if grantor not in distribution at time of death
<input type="checkbox"/> Elect 5-year rule payout <sup>1</sup>	<input type="checkbox"/> Single life expectancy payments based on my (beneficiary) age not recalculated <sup>5</sup>	<input type="checkbox"/> Single life expectancy payments based on grantor's age not recalculated <sup>4</sup>
<input type="checkbox"/> Single life expectancy payments based on my (spouse's) age <sup>2</sup>	<input type="checkbox"/> Single life expectancy payments based on grantor's age not recalculated <sup>3,4</sup>	
<input type="checkbox"/> Single life expectancy payments based on grantor's age <sup>3,4</sup>	Last Life Expectancy Factor Used: _____	Last Life Expectancy Factor Used: _____

1- Only allowed if grantor was not in distribution at the time of death  
 2- Begun by the later of 12/31 of the year following the grantor's death or the year grantor would have been 70½  
 3- If Grantor was in distribution at the time of death and was younger than beneficiary, then this option is required if single life expectancy payments option is chosen  
 4- Begun by 12/31 of the year following the grantor's death  
 5- Assumes separate accounting applies, otherwise oldest beneficiary's age must be used, please contact IRA Services if separate accounting not used

## E. SIGNATURE

ACCOUNTHOLDER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_