

PLEASE NOTE: This form provides the information for IRA Club to request funds from an IRA at another firm. DO NOT complete this form if you need to rollover a 401(k), 403b or other qualified retirement plan. Instead, follow the instructions on our Rollover Guide. Please submit a copy of the other firm's IRA account statement with this form.

1. IRA CLUB ACCOUNT INFORMATION

| | |
|------------------------|---|
| CLIENT FULL NAME | |
| SOCIAL SECURITY NUMBER | IRA CLUB ACCOUNT NUMBER AND TYPE OF IRA |
| PHONE NUMBER | EMAIL ADDRESS ¹ |

2. DELIVERING FIRM INFORMATIONⁱⁱ

| | |
|--------------|----------------|
| FIRM | ACCOUNT NUMBER |
| FIRM ADDRESS | ACCOUNT TYPE |
| PHONE NUMBER | FAX NUMBER |

3. TRANSFER INFORMATION

| | |
|--|-----------------------------------|
| TRANSFER ALL AVAILABLE CASH | TRANSFER EXACTLY \$ _____ IN CASH |
| TRANSFER THE FOLLOWING ASSET(S) IN KIND: _____ | |
| OTHER SPECIAL NOTES: _____ | |

4. DELIVERY INSTRUCTIONS FOR CASH
CHECK BY REGULAR MAIL TO:

IRA CLUB
 67 E. MADISON ST.
 SUITE 1510
 CHICAGO, IL 60603

SEND A WIRE TRANSFER TO IRA CLUB

SEE IRA CLUB LOA FOR INSTRUCTIONS

5. CLIENT AUTHORIZATION AND SIGNATURE

By signing below, I instruct my current IRA provider to transfer the described funds and/or assets to IRA Club. I understand it is my responsibility to contact my current financial IRA provider to confirm the liquidation requirements.

| | |
|-------------------------|-------------|
| ACCOUNT OWNER SIGNATURE | DATE SIGNED |
|-------------------------|-------------|

QUESTIONS? We are available via phone Monday-Friday between 9:00AM-5:00PM CST. Call 312-795-0988.

FOR IRA CLUB USE ONLY

IRA Club Acceptance: We accept the above described cash and/or assets for the benefit of the client listed on this Non ACAT IRA Transfer Request form.

APPROXIMATE TRANSFER VALUE \$ _____

MEDALLION SIGNATURE GUARANTEE
GUARANTEES THE IRA CLUB SIGNOR
TAX ID 20-5332361

| | |
|-------------------------------|-----------------|
| AUTHORIZED IRA CLUB SIGNATURE | DATE SIGNED |
| NAME OF SIGNOR | TITLE OF SIGNOR |

ⁱ Your email address will be used to communicate information as it relates to this account.

ⁱⁱ A minimum cash balance of \$500 must be deposited to keep the account active.



PO Box A3535
Chicago, IL 60690
www.iraclub.org
312-795-0988

| FIRM | DELIVERY INSTRUCTIONS OF THIS REQUEST TO IRA CLUB |
|---------------------|--|
| American Funds | Mail original |
| Ameriprise | Mail original |
| Charles Schwab | Fax or Email |
| Chase | Mail original |
| E*Trade | Fax or Email |
| Edward Jones | Fax or Email |
| Equity Trust | Fax or Email |
| The Entrust Group | Mail original |
| Fidelity | Fax or Email |
| Interactive Brokers | Mail original |
| JP Morgan | Mail original |
| LPL Financial | Fax or Email |
| Merrill Lynch | Mail original |
| MetLife | Fax or Email |
| Millennium Trust | Mail original |
| Morgan Stanley | Mail original |
| National Financial | Mail original |
| Northwestern Mutual | Mail original |
| Oppenheimer Funds | Mail original |
| Options Xpress | Fax or Email |
| Pershing, LLC | Mail original |
| Primerica | Mail original |
| Prudential | Mail original |
| Raymond James | Fax or Email |
| Scottrade | Mail original |
| Summit Trust Co. | Mail original |
| TD Ameritrade | Fax or Email |
| TROWE Price | Mail original |
| UBS Financial | Mail original |
| USAA | Fax or Email |
| Vanguard | Mail original |
| Voya | Mail original |
| Waddell & Reed | Fax or Email |
| Wells Fargo | Mail Original |

OVERNIGHT: 67 E. MADISON ST.
SUITE 1510
CHICAGO, IL 60603