

**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 <sup>1</sup>

**2. DELIVERING FIRM INFORMATION<sup>ii</sup>**

FIRM	ACCOUNT NUMBER
FIRM ADDRESS	ACCOUNT TYPE
PHONE NUMBER	FAX NUMBER

**3. TRANSFER INFORMATION**

TRANSFER <b>ALL AVAILABLE CASH</b>	TRANSFER EXACTLY \$ _____ IN CASH
TRANSFER <b>THE FOLLOWING ASSET(S) IN KIND:</b> _____	
OTHER SPECIAL <b>NOTES:</b> _____	

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

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**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

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

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