



IRA TRANSFER REQUEST / DIRECT ROLLOVER REQUEST

Account Holder: _____ Social Security #: _____
 Address: _____ Date of Birth: _____
 _____ Home Phone #: _____
 _____ Work / Cell #: _____

IRA or Qualified Plan Information (Complete for all transfers and direct rollovers)

Name of Current Financial Institution or IRA Trustee/Custodian _____
 Address _____
 City _____ State _____ ZIP _____
 Prior Trustee/Custodian A/C# _____ Telephone # _____

Type of existing IRA or Qualified Plan to be transferred or rolled over: **(Please choose one)***
 Traditional SEP IRA 401K 403(b) Pension Governmental 457 Plan Other _____
Please provide a copy of a recent statement from your IRA custodian/trustee or Employer Retirement Plan.

Please transfer / roll over ALL or Part of my IRA / plan balance to my IRA at GoldStar in the manner listed below:

Asset Description	Quantity in IRA	Quantity To Be Transferred	Liquidate Immediately	Liquidate at Maturity	Transfer in Kind
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please make check payable as follows: GoldStar Trust Company as Custodian of the _____ IRA.
 (IRA Holder's Name)

REQUIRED MINIMUM DISTRIBUTION RESTRICTION (for Traditional and SEP IRA holders only)

I authorize the Trustee or Custodian named above to: distribute my RMD to me prior to transferring my Traditional or SEP IRA Assets,
 segregate and retain my RMD amount, or
 include the amount that represents my RMD in the transfer.

Client Authorization

Transfers Only:

I authorize the transfer of the IRA assets in the manner described above and certify that all of the information provided by me is correct and may be relied upon by GoldStar Trust Company.

Direct Rollover Only:

I understand the rules and conditions applicable to direct rollovers and certify that I qualify for a direct rollover of the funds or assets listed above. Due to the important tax consequences of rolling funds over to an IRA or other qualified plan, I have been advised to see a tax advisor. I hereby request payment from the plan designated above in the form of a direct rollover. I assume full responsibility for this direct rollover transaction and will not hold GoldStar Trust Company or the Plan Administrator of either the distributing or receiving plans liable for any adverse consequences that may result. I hereby irrevocably designate this contribution of the funds and/or property indicated above as a direct rollover contribution.

 (Client's Signature) (Date)

GoldStar Trust Company Letter of Acceptance

GoldStar Trust Co. agrees to serve as the new Custodian for the account of the above-named individual, and as Custodian, we agree to accept the assets being transferred.

GoldStar Account Identification # _____

GoldStar Trust Company
 PO Box 719
 Canyon, TX 79015
 Tax ID# 74-2557688

 (Authorized Signature) (Date)