## **Rollover Certification**

(877) 806-7362 | team@altscustodian.com



Account	holder Information		
Account I	Holder Name	Account Number Assigned by Alts Cus	todian
Last four digits of SSN (####)		Date Of Birth (Optional) (MM/DD/YYYY)	
□ El		ver from (check one of the two options below): n (such as 401 (k), SIMPLE IRAs, SEP plans, profit sharing plans, er	nployee stock ownership
•	nother I RA Traditional	□ ROTH □ SEP han two years have passed since my first contribution to my SIMP	LE IRA)
A type of R	ollover:		
	Direct Previous Custodian Informa	tion	
	Name of Custodian	Previous Custodian Account Nu	mber
	Indirect (Leertify that I have	received the assets from the distributing plan within the last 60 da	vs)
	tify (all three items must be ch		, = ,
	-	gible distribution or required minimum distribution amounts	
	•	n-spouse beneficiary of the account, the alternate payee of a qualit	ied domestic relations order
□ I have n	ot performed a rollover from a	n IRA within the last 12 months	
Rollover	Amounts		
To rollove Amount:	r CASH, please follow the instr	uctions below and allow for 5 business days for checks to clear. Please make check payable to: Alts C	custodian FBO (your name)
		A A. D	V-l
		Assets Description	Value
		Total Value:	
		rotal value:	

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## **ACCOUNT OWNER SIGNATURE**

I've received guidance to consult with a tax advisor regarding the significant tax implications associated with transferring assets into a self-directed account. I take complete responsibility for this transfer and absolve the Plan Administrator, Custodian, or Issuer of either plan from any liability for potential negative outcomes. I confirm this contribution of assets as a rollover contribution, which I designate irrevocably.

Signature:	Date: (MM/DD/YYY)

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