

BANK OF AMERICA, N.A. (THE "BANK")

Trustee Transfer/Direct Rollover Request Form

I. Customer	r Information (Required: Please com	plete all sections in blue or black	ink. For Coverdell ESA	As use the Stu	udent's name.)			
Name			Social Security Number					
Mailing Addr	ress							
			Country					
City					Zip Code			
Physical Add	dress							
0.1			Country		7' 0 1			
City	Danislama.							
Citizenship 9	Residency Status:	Cour	r Citizenship	Occur	ation			
	come: Employment Unem							
	ephone Number	•	ng Telephone Number			•		
Have you or	any of your immediate family ever be							
(Y/N)	ibo the position:							
-	ribe the position:							
	Institution Information (Please use							
Name of Inst	titution/Employer							
Mailing Addr	ress							
City			State		Zin Codo			
-			State		Zip Code			
III. Transfer	Instructions to Existing Trustee/C	ustodian/Employer						
Existing Acc	count Number for IRA, Coverdell ESA	or Qualified Retirement Plan						
Type of Qua	alified Retirement Plan: (e.g., pension	plan, profit sharing plan, 401(k)	olan)					
I have estab	lished an Individual Retirement Ac o	count (IRA) or a Coverdell Educ	cation Savings Accou	nt with Bank	of America, N.A.	as Custodian.		
☐ Tradition	al IRA SEP IRA Roth If	RA ☐ CESA ☐ Beneficia ☐ Trad	•					
Accordingly	y, for a transfer from a Bank IRA I ı	request you to: (check one)						
Liquida	ate all assets in my above referenced	I IRA or Coverdell ESA immedia	tely and transfer the cas	sh to Bank of	America, as succ	essor Custodian.		
	ate partial assets in my above referent of America, as successor Custodian.	enced account in the amount of	\$	immediately	and transfer the c	ash to		
	ate partial assets in my above referent of America, as successor Custodian.	nced account in the amount of \$	upon ı	maturity and t	ransfer the cash to	0		
Liquida	ate all assets in my above referenced	I IRA or Coverdell ESA upon ma	turity and transfer the c	ash to Bank o	of America, as suc	ccessor Custodian.		
For a transf	fer from a Brokerage IRA I request	you to:						
	fer all available cash in my above re of America, as successor Custodian.		nount of \$	and trans	fer to			
Please	e note: Brokerage account assets ver from a Qualified Plan I request	cannot be transferred in kind.	Assets must be liquid	ated at curre	ent firm prior to s	ubmitting this form.		
	ate all assets in my above referenced e follow these special instructions, if		effect a direct rollover	of the cash to	Bank of America,	as successor Custodian		
		A. (. D (!) . (
	ks payable to: Bank of America, N	A. for Benefit of				's IRA or CESA.		
Mail to:	Regular Mail Bank of America, N.A. Mail code:TX2-979-02-14 P.O. Box 619040 Dallas, TX 75261-9943	Overnight Mail Bank of America TX2-979-02-14 4500 Amon Carter Blvd Fort Worth, TX 76155						

NOTE: Information from Existing Trustee/Custodian/Employer, Explanation of IRA Types and Coverdell Education Savings Accounts, Investment Option Selection, Acceptance of Transfer, and Depositor's Acceptance and Signature Required.

*Ask your Plan Administrator whether any additional documentation will be required to complete the transfer. You will be responsible for any early withdrawal fees or transfer fees charged by your current Plan.

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IV.	Information from	n Existi	ng Trustee/	Custo	dian/Emplo	yer						
Ple	ase advise us of	the Sour	rce of Funds	s: (chec	k one)							
	☐ From Finan	cial Inst	titution									
	☐ Traditio	nal IRA	Rollove	er IRA	☐ SEP IR	A 🗌 R	oth IRA	CESA	☐ Beneficiary IRA (con	nplete the f	ollowing)	
									Beneficiary Relationship _		_ Year of Dea	ath
				,		c.		104(1)	Decedent Date of Birth _			_
	☐ From Qualif			, ,		• •	٠,	. ,	. ,			
V. [Deposit Option S	Selection	n (If you do	not mal	ke a selection	n, funds	received	will be cred	dited to the Money Marke	t IRA/CES/	A.)	
l he	ereby direct Bank	of Ame	erica, N.A., a	as Succ	cessor Custo	dian, to	deposit t	he funds ref	ferenced on this form to m	ıy		
IRA	VCESA Plan Nur	mber _						and:				
	Deposit in Exist	ting Acc	ount Numbe	er					Type of Plan			
	Deposit in a Ne	w Accou	ınt under the	follow	ing product	ype:						
	☐ Money	Market	IRA/CESA	(no tern	n)							
						onth-Var	iable Ra	te Account	(18-23 months)			
	Term		promot	ional/sta	andard							
	Term		promot	ional/sta		onth-Fixe	ed Term	Account (6-	-120 months)			
VI.	Customer's Acc	eptance	e (read and	comple	te)							
Α.	I have received	l read a	nd agree to	the terr	ms and cond	litions of	the discl	osure conta	ained in the deposit agree	ment fees	schedule and	l plan document
	I have read the I am solely resp	instructi ponsible	ions on this for making	form ar sure tha	nd authorize at any contri	the trans	saction d transfers	escribed ab , conversion	oove. ns or rollovers to this IRA	•		•
B.	I understand if to another Qua	plan and the applicable tax laws, and take full responsibility for any resulting effects, taxes or damages. derstand if I transfer / rollover funds from a Qualified Plan and commingle them with other IRA funds, I might not be able to roll the funds over nother Qualified Plan later. Due to the important tax consequences of rolling over funds to an IRA or other qualified plan, I have been advised eek the advice of a tax professional.										
C.	If this is a direction	t rollove and I am	rollover from a Qualified Plan directly to Bank of America, I authorize the employer to handle it according to the instructions on this id I am responsible for ensuring that Bank of America has received the forms needed to complete a direct rollover to open my Bank Bank of America may cancel my IRA if the direct rollover isn't received within 90 days and there are no funds in the account.									
D.	If this is a custodian/trustee transfer, I authorize the existing custodian/trustee to handle it according to the instructions on this form. I understand this transaction is a transfer to a new custodian and not a taxable distribution to me. I also understand that if I'm 70½ or older, I am required to take my required minimum distribution, however, I do not have to take this year's required minimum distribution before the existing custodian/trustee can transfer the remaining funds to Bank of America.											
									For Bank Use: Medalli (For Securities or Non-			
_	'' I O' '	(D										
рер	ositor's Signatu	ire (Requ	uirea)			Date						
may med prot	OKERAGE: In the require signature dallion guarantee ect against fraud transferring firm f	e author or some . Most ba	ization inclu other form anks and bro	ding bu	it not limited essary stamp	to, signa . These	iture gua guarante	rantee, ees help				
Ва	ank Information											
Dat	e											
Bar	nking Center Nam	ne	-							·		
Ass	sociate's Name											
Ass	sociate's one Number	_							_			
	nk of America will	accept	the transfer	authori	zed on this f	orm.						
(B	anking Center As	ssociate	Signature F	Here)								

*By signing the Authorized Signature, this confirms that the identity of the customer has been verified and Bank of America will accept funds as successor custodian.

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