



Rollover Certification Form

(For Rollovers to Non-ROTH Accounts)

New Direction IRA, Inc.
1070 W. Century Dr, Ste. 101
Louisville, CO 80027
p: 303-546-7930 | f: 303-665-5962

New Direction IRA CANNOT initiate the rollover. You must contact your current custodian to roll over your assets.

1. YOUR INFORMATION

Your Name: <u>Michael Bishop</u>		New Direction Account Number: <u>1115903</u>	
Social Security Number: <u>376-88-8095</u>	Date of Birth: <u>1-25-1965</u>	Email Address: <u>mikeb.LLPSC@comcast.net</u>	Phone Number: <u>517-775-4916</u>

2. WHERE ARE YOUR ASSETS COMING FROM? (Where are these assets currently? OR Where were the funds held prior to receiving a rollover check/wire?)

Name of Custodian/Trustee: <u>Lake Trust Credit Union</u>	Account Number: <u>10003909280</u>
<input type="checkbox"/> Cash - My funds are coming via: <input type="checkbox"/> Check - Make checks payable to New Direction IRA, Inc. FBO (My Name) (Account Type) . (New Direction IRA requires 5 business days for checks to clear.) <input checked="" type="checkbox"/> Wire - Wire funds to New Direction IRA, Inc. FBO (My Name) (Account Type) . (Please request incoming wire instructions from our office.)	
Rollover Dollar Amount: \$ <u>19,669.78</u>	
(You must enter either an exact amount or close estimate, if not included funds will be held up and not deposited.)	
<input type="checkbox"/> In-Kind Rollover - Rollover asset(s) in-kind to New Direction IRA, Inc. FBO (My Name) (Account Type) . I am rolling over the following asset(s) in-kind: (Please attach list of assets and state value of rollover here.) _____	

3. ACCOUNT TYPES

I am rolling over funds from: <input checked="" type="checkbox"/> Traditional IRA <input type="checkbox"/> SEP IRA <input type="checkbox"/> SIMPLE IRA	<input type="checkbox"/> Employer Plan: (i.e. 401(k)) Plan Name: _____	<input type="checkbox"/> CSA <input type="checkbox"/> HSA
I am rolling over funds to: <input checked="" type="checkbox"/> Traditional IRA <input type="checkbox"/> SEP IRA <input type="checkbox"/> SIMPLE IRA	<input type="checkbox"/> Employer Plan: (i.e. 401(k)) Plan Name: _____	<input type="checkbox"/> CSA <input type="checkbox"/> HSA

4. SIGNATURE AND ACKNOWLEDGEMENT

I hereby agree to the terms and conditions set forth in this rollover form and acknowledge having established a self-directed account through execution of the account application. I understand the rules and conditions applicable to a rollover/direct rollover. I qualify for the rollover or direct rollover of assets listed in the asset description above and authorize such transactions. If this is a rollover or direct rollover, I have been advised to see a tax advisor due to the important tax consequences of this rollover election. If this is a rollover or direct rollover, I assume full responsibility for this rollover or direct rollover transaction and will not hold the Administrator and/or Custodian or Issuer of either the distributing or receiving plan liable for any adverse consequences that may result. I understand that no one at New Direction IRA, Inc. has authority to agree to anything different than my foregoing understandings of New Direction IRA, Inc.'s policy. If this is a rollover or direct rollover, I irrevocably designate this contribution of assets as a rollover contribution. By signing this form, I certify that I am A. completing this rollover within 60 calendar days following the day I received the assets; B. I have not performed a rollover from an IRA within the last 12 months; C. the rollover DOES NOT contain my required minimum distribution; D. If I am a non-spouse beneficiary, this is a direct roll over from an employer plan and the rollover contribution DOES NOT contain my required minimum distribution; E. the rollover does not contain amounts that are part of a series of substantially equal periodic payments or any corrective distribution of certain SEP or SIMPLE plan excess contributions; F. a plan loan in default, P.S.58 costs of life insurance or any hardship distribution.

Your Signature: Michael Bishop Date: 5/13/15
Please read the disclosure above the signature line before signing and dating.

FOR INTERNAL OFFICE USE ONLY:

For Cash Rollovers: Amount Received: \$ _____ Date Received: _____
For In-Kind Rollovers: Date Initiated: _____