



Transfer Form

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

1. YOUR INFORMATION

Your Name: Michael Bishop		New Direction Account Number: 1115903	
Social Security Number: 376-88-8095	Email Address: mikeb.LLPS@comcast.net	Phone Number: 517-775-4916	
Legal Address: 8607 Carlsbad Lane		City: Lansing	State: MI Zip: 48917

2. TRANSFER INFORMATION (Where are these assets currently?)

Name of Custodian/Trustee: Lake Trust Credit Union		Account Number: 10003909280	
Office Address: 501 S. Capitol Ave.	City: Lansing	State: MI	Zip: 48933
Contact Name: Paula or Zack	Phone Number: 888-267-7200	Fax Number: 734-462-8643	<input checked="" type="checkbox"/> I have attached a copy of my current statement. (Required)

3. ACCOUNT TYPES

I am transferring funds from:

Traditional IRA Roth IRA SEP IRA SIMPLE IRA Beneficiary IRA HSA Coverdell Savings Account

I am transferring funds to:

Traditional IRA Roth IRA SEP IRA SIMPLE IRA Beneficiary IRA HSA Coverdell Savings Account

NOTE: If this is a transfer from a non-ROTH account to a ROTH IRA, it will be reported as a ROTH conversion deposit.

4. TYPE OF ASSET TO BE TRANSFERRED

Complete Transfer.

Cash* - Liquidate asset(s) and transfer cash to **New Direction IRA, Inc. FBO (My Name) IRA**.

In-Kind Transfer - Transfer asset(s) in-kind to **New Direction IRA, Inc. FBO (My Name) IRA**.

Transfer the following asset(s) in-kind: (asset description)

Partial Transfer.

Cash* - Liquidate and send \$ _____ in cash to **New Direction IRA, Inc. FBO (My Name) IRA**.

In-Kind Transfer - Transfer asset(s) in-kind to **New Direction IRA, Inc. FBO (My Name) IRA**.

Transfer the following asset(s) in-kind: (asset description)

*New Direction IRA requires 5 business days for checks to clear. Bank wires and money orders clear the business day after deposit.

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5. DELIVERY INSTRUCTIONS

I would like my funds sent to New Direction IRA via:

Check/Mail Wire

Please send this transfer form to the resigning custodian via:

Mail Express Delivery (\$30 fee. Please select a payment option below.)

Fax Number: 734-462-8643 (You must ask your current custodian if they accept a faxed copy of the transfer form and you will need to provide fax number)

I would like to pay my express delivery charges via: **THE INFORMATION BELOW IS TO PAY FOR FEDEX CHARGES, NOT WIRE FEES**

Choose One:

Credit Card

Check Enclosed (make checks payable to: New Direction IRA)

Credit Card Type: (the following are accepted) Visa MasterCard Discover (For Express Delivery Charges ONLY)

Card Number: 5461620061323750

3 Digit Security Code: 459

Exp Date: 05/18

Exact Name on Card: Michael A. Bishop

Signature: _____

6. SIGNATURE AND ACKNOWLEDGEMENT

Signature and Acknowledgement (This does not constitute a direct rollover.)

1. I hereby agree to the terms and conditions set forth in this account asset transfer authorization and acknowledge having established a self-directed IRA through execution of the account application.
2. I understand the rules and conditions applicable to an account transfer.
3. I qualify for the account transfer of assets listed in the asset liquidation above and authorize such transactions.
4. I understand that no one at New Direction IRA has authority to agree to anything different than my foregoing understandings of New Direction IRA policy.
5. I understand that if this transfer is occurring during or after the calendar year during which I attain the age of 70½, the required minimum amount determined under this IRA is still required to be distributed.
6. I further understand that the current Trustee/Custodian is not responsible for making this distribution prior to the transfer. I accept full responsibility for satisfying the required minimum distribution applicable to this IRA by withdrawing sufficient amounts from another IRA prior to the deadline for receiving minimum distributions for the calendar year of the transfer.
7. If this transfer leaves the transfer or IRA in one year but does not reach the transferee IRA until the following year, I understand that this will be an "outstanding transfer" as of December 31st. The new IRA must "deem" that the transfer was received as of the prior December 31st for determining any required minimum distribution from the transferee IRA for the year that the transfer was received. I will inform the transferee IRA Trustee/Custodian of any such outstanding transfer.

Your Signature: Michael A. Bishop

Date: 5/13/15

7. ACCEPTANCE OF RECEIVING CUSTODIAN (office use only)

Pursuant to a limited written delegation, First Trust Company of Onaga, as Custodian ("Custodian"), has authorized New Direction IRA, Inc. to sign this form on the Custodian's behalf to verify the Custodian's acceptance of the transfer described above and agreement to apply the proceeds upon their receipt, to the account established by New Direction IRA, Inc., on your behalf. First Trust Company of Onaga ASSUMES NO TRUST OR FIDUCIARY OBLIGATIONS TO YOU AS IT HAS NO INVESTMENT CONTROL OVER YOUR FUNDS AND ACTS ONLY AS A CUSTODIAN OF YOUR FUNDS.

New Direction IRA, Inc. on behalf of Custodian, First Trust Company of Onaga

By: _____ Date: _____ Account #: _____