IRA Divorce Transfer Packet

Complete this form if you are transferring IRA, SEP-IRA or SIMPLE IRA assets pursuant to a divorce or spousal settlement agreement from the surrendering party to the receiving party's account. A copy of the governing court document must be attached or previously submitted to Aspire to substantiate the transfer.

SECTION A: To be completed by Surrendering Party

STEP 1   CURRENT IRA OWNER (SURRENDERING PARTY)

First Name	Last Name	M.I.
Social Security Number	Date of Birth	Account Number

IRA Type:
- ☐ Traditional IRA
- ☐ Roth IRA
- ☐ SEP IRA – Plan Name/Number: _____
- ☐ SIMPLE IRA – Plan Name/Number: _____

*If more than one IRA is to be divided, complete one IRA Divorce Packet for each IRA.

STEP 2   TRANSFER INSTRUCTIONS

Aspire Financial Services, LLC is not able to accept instructions that require interpretation (e.g., calculations of earnings, interest, penalties, or "as of" specific dates).

Check one. Assets will be transferred prorata unless the option for Specific Assets is selected below:

- ☐ Percent of Assets _____ %
- ☐ Specific Dollar Amount to be transferred prorata $_____
- ☐ Specific Dollar Amount to be transferred from Specific Assets: Select assets to be transferred and specific dollar value below:

Fund Name	Ticker	Dollar
		$
		$
		$
		$
		$

STEP 3   IRA OWNER SIGNATURE & ACCEPTANCE

As the surrendering party, I direct Aspire Financial Services, LLC and the custodian to facilitate the transfer from my account to the receiving party as indicated in this IRA Divorce Transfer Packet. I certify that the information above is accurate and consistent with the provisions listed in the attached governing court document.

I direct Aspire Financial Services, LLC and the IRA custodian to act on all instructions given on this form and agree to indemnify them from and hold them harmless for any and all losses, liabilities, claims, and costs (including reasonable attorneys' fees) resulting from their effecting any transaction or acting upon such instructions.

▶ _____

Surrendering Party Signature

☐☐ – ☐☐ – ☐☐☐☐

Date (month | day | year)

IRA Divorce Transfer Packet
SECTION B: To be completed by the Receiving Party

STEP 1 RECEIVING PARTY

_____   _____   _____
First Name   Last Name   M.I.

_____   _____
Home/Legal Street Address   Apartment/Suite

_____   _____   _____
City   State   Zip

☐☐☐ – ☐☐ – ☐☐☐☐   ☐☐ – ☐☐ – ☐☐☐☐
Social Security Number   Date of Birth (month | day | year)

STEP 2 TRANSFER ELECTION

☐ Direct Transfer of awarded amount to Existing Aspire IRA: IRA Account #: _____

☐ Direct Transfer of awarded amount to a *NEW* Aspire IRA. **(Aspire IRA Application and Agreement must be completed and submitted to Aspire.)**

☐ Direct Transfer of awarded amount to a non-Aspire IRA.

    ☐ Send Check via Overnight mail. (A fee of $35 applies. If overnight mail option is selected, a physical address must be provided.)

    IRA Institution: _____

    Make Check Payable to: _____

    Mail to Address: _____

    _____

    IRA Account #: _____

☐ Cash Distribution of awarded amount. (Check will be made payable to receiving party and sent to address in Section B Step 1.)

    ☐ Send Check via Overnight mail. (A fee of $35 applies. If overnight mail option is selected, a physical address must be provided.)

STEP 3 RECEIVING PARTY SIGNATURE & ACCEPTANCE

RECEIVING PARTY SIGNATURE

I understand that, subject to the provisions of applicable agreements, I have full discretion and control over the form of payment or payments of the entire balance of my Account. I shall exercise control by directing such payment(s) be made as described above. Aspire Financial Services, LLC and the custodian of my Account shall have no responsibility or liability with respect to the choice of any such form of payment(s). I understand that a fee may apply and that additional fees may apply based on my election. I attest that I am the proper party to receive payment(s) from this IRA and that all information provided by me on this form, including any supplemental material is true and accurate. I certify that no tax advice has been given to me by Aspire Financial Services, LLC, the custodian of the Account, or an affiliate of either, and that all decisions regarding this distribution are my own. I expressly assume the responsibility for any adverse consequences which may result from this distribution; and I indemnify and hold harmless Aspire Financial Services, LLC, the custodian of the Account, the affiliates of Aspire Financial Services, LLC and the custodian of the Account and the divisions, officers, directors, owners, employees, representatives, agents, successors, and assigns of each. I direct Aspire Financial Services, LLC and the IRA custodian to act on all instructions given on this form and agree to indemnify them from and hold them harmless for any and all losses, liabilities, claims, and costs (including reasonable attorneys' fees) resulting from their effecting any transaction or acting upon such instructions.

▶ _____   ☐☐ – ☐☐ – ☐☐☐☐
Receiving Party Signature   Date (month | day | year)