

# CONTRACT EXCHANGE | TRANSFER | ROLLOVER REQUEST

Complete this form to move funds into an Investment Provider/Product retirement account which is custodied with Aspire-IPX. Please note that money received as an Exchange | Transfer | Rollover will be invested in accordance with the Account Holder's investment instructions in effect at that time.

All fields are required to avoid a delay in your request.

## SECTION 1 ACCOUNT HOLDER INFORMATION

First Name M.I. Last Name

Phone Number Date of Birth (MM/DD/YYYY) Social Security Number Plan Name

Receiving Account Type (select one):

403(b)  457(b)  Other Plan Type: \_\_\_\_\_

## SECTION 2 ACCOUNT BEING TRANSFERRED

Surrendering Company Name (where funds are currently held) Surrendering Provider Account Number Phone Number

Surrendering Plan Name

Delivering Account Type (select one):

Traditional  SEP  Rollover  Simple IRA  Roth IRA  403(b)  457(b)  Other Plan Type: \_\_\_\_\_

## SECTION 3 CONTRACT EXCHANGE/TRANSFER/ ROLLOVER INSTRUCTIONS

TRANSACTION TYPE SELECT ONE:  Contract Exchange  Transfer  Direct Rollover

I wish to liquidate and transfer/rollover:

Entire account; estimated amount \$

Partial amount, in the amount of \$  or  %

All of the available penalty-free amount.

IRS regulations require us to process a transaction with the original sources they were contributed as. Please complete the following fields with dollar amounts and money sources for the original contributions. For the most accurate processing, please also include a recent statement from the surrendering provider.

Pre-Tax \$  Employee Contribution

Pre-Tax \$  Employer Contribution

Roth \$  Initial Year of Contribution

Rollover \$

## SECTION 4 SIGNATURE & ACCEPTANCE

- I wish to waive any waiting period as it relates to this request.
- I authorize a representative of IPX Trust (or its affiliates) to receive transfer status information including, but not limited to, current status, if the request is good order, additional information required to complete the request, money type of the request, and processing time.

### ACCOUNT HOLDER SECTION

By signing this Agreement, Account Holder:

- Directs the surrendering company to transfer the elected amount of his/her tax-sheltered annuity contract/retirement custodial account to a retirement account offered by IPX Trust (IPX).
- Confirms that he/she understands that he/she may deposit only retirement funds that are allowed under his/her current Employer's Plan.
- Confirms that he/she has verified with his/her current Employer that these funds can be deposited according to the Plan Provisions.
- Acknowledges that shares in the IPX custody account may be held at the plan level and may not be eligible for aggregation with Account Holder's personal and/or individual assets for breakpoint purposes.
- Acknowledges that transfer assets are subject to the fee schedule and Terms & Conditions of his/her Account Agreement, custodied at IPX Trust.

I, the Account Holder, declare that the information in this request form is correct.

<input type="text"/>	<input type="text"/>
Account Holder Signature	Date (MM/DD/YYYY)
<input type="text"/>	
Printed Name of Signator	

### ADMINISTRATOR SECTION

Third-Party Administrator or Plan Sponsor approval of this Transfer, Contract Exchange, or Rollover can be provided in one of two ways; 1) Separate Correspondence (a letter, certificate, or other form of written authorization) OR 2) By signature below authorizing the request:

<input type="text"/>	<input type="text"/>
TPA or Plan Sponsor Authorized Signature	Date (MM/DD/YYYY)
<input type="text"/>	<input type="text"/>
TPA or Plan Sponsor Printed Name	Printed Name of Administrator Company

### FOR CUSTODIAN USE ONLY

**LETTER OF ACCEPTANCE:** Matrix Trust Co. or its designee has established a custodial account and does hereby accept appointment as successor

<input type="text"/>	<input type="text"/>
Authorized Signature of Successor Custodian	Date (MM/DD/YYYY)

## SECTION 5 DELIVERY INSTRUCTIONS

**Make Checks Payable to: Matrix Trust Company FBO Client Name**  
Note: Provide Social Security Number in the Note section of the check and TPA 5408.

**Mail checks to:**  
**Mail**  
IPX Retirement  
c/o Aspire Financial Services  
3000 Chestnut St.  
Unit 7767  
Philadelphia, PA 19101

An original Medallion Signature Guarantee may be required when the value is \$20,000 or more or if additional verification is required.

<input type="text"/>
MEDALLION SIGNATURE GUARANTEE STAMP
<input type="text"/>
Signer Name (printed) and Phone Number