

This form documents the rollover of your asset to Midland Trust. **MIDLAND TRUST WILL NOT INITIATE THE ROLLOVER.** Contact your current custodian to roll over your assets to Midland Trust. For multiple transactions, please use a separate form for each. Use this form to:

- **Document** your rollover contribution to Midland Trust (take receipt of the assets for up to 60 days before reinvesting in a new retirement plan).
- **Document** your direct rollover contribution (move assets directly from your qualified retirement plan to a new retirement plan).

## 1 PERSONAL INFORMATION

Name <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. _____		Social Security Number	
Legal Address			Midland Account Number

## 2 CURRENT CUSTODIAN/TRUSTEE

Name of Custodian/Trustee	Account Number
Type of Plan you are rolling over from: <input type="checkbox"/> 401K <input type="checkbox"/> Traditional <input type="checkbox"/> Roth <input type="checkbox"/> SEP <input type="checkbox"/> SIMPLE <input type="checkbox"/> ESA <input type="checkbox"/> HSA <input type="checkbox"/> Other (PS, MP, DB, 403(b), 457) _____	

## 3 ROLLOVER DETAILS (Market fluctuations and/or administrative fees may impact the amount received)

Type: <input type="checkbox"/> Direct Rollover <input type="checkbox"/> Indirect Rollover	Value
I am an eligible person to perform this transaction: (Select one)	
<input type="checkbox"/> Plan Participant <input type="checkbox"/> Spouse beneficiary of account <input type="checkbox"/> Non-spouse beneficiary of account <input type="checkbox"/> Responsible Individual <input type="checkbox"/> Ex-spouse of account due to divorce/legal separation	

### ROLLOVER INSTRUCTIONS TO RESIGNING CUSTODIAN

To rollover **CASH**, please follow the instruction below. Contact our office for wire instructions.  
**Cash:** Please make check payable to: **Midland Trust Company** (Reference Client Name & Account Number on the Check)  
 To roll over **INVESTMENTS** (Private Stock, Real Estate, LLCs, Notes, etc.), please complete the asset description below and contact us regarding the re-registration of your investment.

Asset Description (For Non-Cash Assets Only)	Amount

## 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 an account application. I understand the rules and conditions applicable to a rollover. I qualify for the Indirect Rollover or Direct Rollover of assets listed in the Asset Description above and authorize such transactions. If this is a Indirect Rollover or Direct Rollover, I have been advised to see a tax advisor due to the important tax consequences of rolling assets into an self-direct account. If this is a Indirect Rollover or Direct Rollover, I assume full responsibility for this Indirect Rollover or Direct Rollover transaction and will not hold the Plan Administrator, Custodian or Issuer of either the distributing or receiving plan liable for any adverse consequences that may result. I understand that no one at Midland Trust or any of its licensees has authority to agree to anything different than my foregoing understandings of Midland Trust policy. If this is a Indirect Rollover or Direct Rollover, I irrevocably designate this contribution of the assets listed above as a rollover contribution. **If this is an Indirect Rollover, I further certify the following by signing this form:**

**A. This rollover contribution is being made within 60 days after my receipt of funds from another IRA.**  
**B. During the 12-month period prior to my receipt of the distribution being rolled over, I have not received a rollover distribution from any IRA which was subsequently rolled over to another IRA.**  
**C. I am not rolling over any Required Minimum Distributions with respect to the distributing plan.**

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_