

This form must be used to transfer funds to your Complete Care Checking account.

Return by regular or overnight mail: 5024 S. Bur Oak Place, Suite 200, Sioux Falls, SD, 57108
Fax: 605-415-4296 | E-mail: investment@IRAFinancialTrust.com | For inquiries, call: 800-472-1043 or visit IRAFINANCIALTRUST.COM

A. 401(k) PLAN ADMINISTRATOR IDENTIFICATION

LAST NAME	FIRST NAME	MIDDLE INITIAL	PHONE NO.	ACCOUNT NUMBER

B. TRANSFER INSTRUCTIONS

EXPEDITED SERVICE (1-2 Business Days) - **\$75**

PREMIUM EXPEDITED SERVICE (24 Hours - If Possible) - **\$200**

Read the instruction sheet prior to electing any expedite services.
In checking either of these boxes, you acknowledge and accept the terms and fees associated with these services.

CUSTODIAL USE ONLY

Verified by: _____ On: ____/____/____

401(k) Plan Name: _____

Transfer Instruction:

Transfer all available cash.

When to Transfer:
(select one)

Transfer one-time only as soon as possible (default)

Transfer beginning on or after (mm/dd/yy): _____

C. TRANSFER AUTHORIZATION

I hereby authorize IRA Financial Trust to transfer funds to my Complete Care Checking account* in accordance with the TRANSFER INSTRUCTIONS shown above.
*This account does not offer a checkbook, debit card or online access.

D. ACKNOWLEDGMENT, AUTHORIZATION & 401(k) PLAN ADMINISTRATOR SIGNATURE

I hereby acknowledge that I am solely responsible for the investments I am making in my 401(k) plan. I hold harmless, protect and indemnify the Custodian from and against any and all liabilities, losses, damages, expenses and charges that the Custodian may sustain or might sustain resulting directly or indirectly from my investments. I confirm that the funds being transferred do not include any illegal or impermissible investments under South Dakota or Federal law, including, but not limited to, holdings of marijuana or other illegal substances, illegal gambling or illegal artifacts. I acknowledge that I am solely responsible for the success or failure of my investments.

401(k) Plan Administrator Signature

Date (mm/dd/yy)

HOW TO SUBMIT YOUR 401(k) BANK ACCOUNT TRANSFER FORM:

- Via IRA Financial Trust's Mobile App
- Fax: 650-415-4296
- Email: investment@IRAFinancialTrust.com
- Regular mail: IRA Financial Trust Company – 5024 S. Bur Oak Place, Suite 200, Sioux Falls, SD, 57108

A. 401(k) ADMINISTRATOR IDENTIFICATION

Please fill in your full name, phone number and account number (if you already have an account established).

B. TRANSFER INSTRUCTIONS Not sure how to complete this section? Please call us at 800-472-1043

Please only send one request as multiple identical requests may cause a delay in fulfilling your request. If you wish to modify your original request, be sure to check the "Change Request" box in Section B of the form. Our turnaround time is 3-5 business days, unless you request expedited service (at an additional cost).

Expedited Service: Check the appropriate box if you would like expedited service. All required documents must be submitted at the same time as the 401(k) Bank Account Transfer form. Turn around times for expedited service assumes that your request is complete and the required funds are available. Refer to the 401(k) FEE SCHEDULE & FINANCIAL DISCLOSURE for the applicable fees for expedited services.

401(k) Plan Name: Enter the name of the 401(k) plan.

Amount to Transfer: Check this box to authorize IRA Financial Trust to transfer all available funds to your 401(k) checking account.

When to Purchase: We will transfer funds soon as possible unless you specify an exact future date.

C. TRANSFER AUTHORIZATION

Check this box to authorize IRA Financial Trust Company to transfer funds to your Complete Care Checking account in accordance with the TRANSFER INSTRUCTIONS you provided in Section B.

D. ACKNOWLEDGMENT, AUTHORIZATION & 401(k) PLAN ADMINISTRATOR SIGNATURE

Please sign the line indicating "401(k) Plan Administrator", and fill in the date you signed it.