

*This form must be used to transfer funds to your 401(k) bank account.*

Return by regular or overnight mail: 221 South Phillips Avenue, Suite 206, Sioux Falls, SD, 57104  
 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 instructions:**

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. FUNDING INSTRUCTIONS** Please indicate how you would like your 401(k) funds to be transferred.

**Send a WIRE. I have completed and attached a *WIRE REQUEST* form. I understand that an outgoing wire fee applies.**

**Send a CHECK using the following service:**

- Regular Mail
- Overnight Mail (via FedEx) (overnight delivery fee + cost applies)
- Charge cost of overnight delivery to:
- FedEx Account #: \_\_\_\_\_
- If no account # is provided, it will be charged to your IRA account

**401(k) Plan Name & Address (must not be a bank address\*):**

Plan Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

\*We do not mail checks to bank addresses.

**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:**

- Fax: 650-415-4296
- Email: [investment@IRAFinancialTrust.com](mailto:investment@IRAFinancialTrust.com)
- Regular mail: IRA Financial Trust Company – 221 South Phillips Avenue, Suite 206, Sioux Falls, SD, 57104

**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. FUNDING INSTRUCTIONS**

There are two funding options:

- **Send a wire** - Complete the **401(k) WIRE REQUEST** form with instructions provided by the payee and attach it to [this](#) form. A wire fee applies (see our **401(k) FEE SCHEDULE & FINANCIAL DISCLOSURE**).
- **Send a check** - We can send a check by regular mail or overnight mail. Enter the 401(k) plan name, address, and other relevant information on the right (note: we will not send checks to a bank address). If you choose overnight mail, an Overnight Delivery Fee applies (see our **401(k) FEE SCHEDULE & FINANCIAL DISCLOSURE**). Cost of delivery will be added to the Overnight Delivery Fee unless you provide a FedEx or UPS account number to charge it to.

**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.