ASSET MOVEMENT AUTHORIZATION

I. PARTICIPANT INFORMATION

NAME: _____ SOCIAL SECURITY NUMBER: ☐☐☐ – ☐☐ – ☐☐☐☐

FROM ACCOUNT NUMBER: ☐☐☐ – ☐☐☐☐☐☐ **TO** ACCOUNT NUMBER: ☐☐☐ – ☐☐☐☐☐☐

II. RETIREMENT PLAN TYPE (Select one)

❑ TRADITIONAL IRA ❑ ROTH IRA ❑ SEP IRA ❑ SIMPLE IRA ❑ EDUCATION SAVINGS ACCOUNT
❑ Special needs apply

III. CONTRIBUTION TYPE

In keeping with Internal Revenue Service (IRS) tax reporting requirements, employer contributions (including employee salary deferrals) must be processed and reported in the year they actually occur, regardless of the year of designation. Obtain and refer to the instructions on filing IRS Form 5498.

	CURRENT YEAR	PRIOR YEAR	TOTAL DEPOSIT
IRA CONTRIBUTION	$_____	$_____	$_____
EDUCATION SAVINGS ACCOUNT	$_____	$_____	$_____
EMPLOYER OR COMPANY CONTRIBUTION	$_____	$_____	$_____
EMPLOYER MATCHING CONTRIBUTION	$_____	$_____	$_____
EMPLOYER NONELECTIVE CONTRIBUTION (SIMPLE IRA)	$_____	$_____	$_____
EMPLOYEE SALARY DEFERRAL CONTRIBUTION (SIMPLE IRA, SARSEP)	$_____	$_____	$_____
ROTH CONVERSION—CASH	$_____		$_____
ROLLOVER CASH (See certification section below)	$_____		$_____
TOTAL (The amount of your check should equal this amount)	$_____	$_____	$_____

CONVERSION/ROLLOVER SECURITIES (Select one and list the securities below)

❑ SECURITIES CONVERSION TO ROTH IRA ❑ ROLLOVER SECURITIES (See rollover certification section below)

DESCRIPTION	QUANTITY
_____	_____
_____	_____

NOTE: Use the Roth Conversion/Recharacterization Form (Roth-Rech) to convert your individual retirement account held with us to a Roth IRA held with us.

CONVERSION OR ROLLOVER CERTIFICATION

If I elect to make a conversion or rollover contribution to the retirement account indicated above, I hereby certify that I understand the conversion or rollover rules and conditions as they pertain to this retirement account, and I have met the requirements for making such a transaction. Due to the important tax consequences of converting or rolling over funds or property, I have been advised to consult with a tax professional. All information provided by me is true and correct and may be relied upon by the custodian. I assume full responsibility for these transactions and will not hold the custodian liable for any adverse consequences that may result. I hereby irrevocably designate the conversion or rollover of funds or other property as rollover contributions.

AGE 70½ CONVERSION/ROLLOVER/TRANSFER RESTRICTION

If you are over the age of 70½ this year, you may not convert, rollover, or transfer required minimum distribution amounts. If necessary, instruct your present custodian to either: 1) pay your required minimum distribution to you now; or 2) retain that amount for distribution to you later. For Roth conversions, you must take your required minimum distribution amount before you convert your assets to a Roth IRA.

IV. TRANSFERS DUE TO DEATH AND DIVORCE

❑ TRANSFER DUE TO DIVORCE

CASH: $_____; and/or SECURITIES: DESCRIPTION_____ QUANTITY_____ DESCRIPTION_____ QUANTITY_____

❑ TRANSFER DUE TO DEATH OF THE ACCOUNT HOLDER (Accounts with multiple primary beneficiaries must establish an inherited account for each beneficiary using his or her name and Social Security Number. Only spousal beneficiaries are allowed to treat the IRA as if it were their own and transfer it, in their name, to a Traditional Participant IRA.)

(If more space is needed, attach a separate sheet and check the box to the right.) ❑ PLEASE SEE ATTACHED SHEET FOR PROCESSING INSTRUCTIONS

V. PARTICIPANT SIGNATURE

SIGNATURE: _____ DATE: _____

PLEASE RETURN TO:
Pershing LLC
Attention: Retirement Products Department
One Pershing Plaza
Jersey City, New Jersey 07399

IRA-105 JRNL

Pershing® A BNY Securities Group Co. Solutions from The Bank of New York
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