

When to use this form:

For transferring funds from IRAs, HSAs, or ESAs to similar accounts at CamaPlan:

Roth \rightarrow Roth Traditional \rightarrow Traditional / SEP / SIMPLE* SIMPLE \rightarrow Traditional* / SEP* / SIMPLE SEP \rightarrow Traditional / SEP / SIMPLE* HSA \rightarrow HSA ESA \rightarrow ESA

*after two years

NOT for use with 401(k), 403(b), 457, or TSP accounts. NOT for redeposits of distributions back into your CamaPlan account.

To process your Transfer Request:

- 1. CAREFULLY FILL OUT ALL SECTIONS OF THIS TRANSFER FORM Incomplete forms will delay processing.
- 2. CONTACT THE TRANSERRING CUSTODIAN TO VERIFY:
 - A. If a medallion stamp is required (if required, use the box next to the signature line for the stamp. One can be obtained at any bank free of charge).
 - B. If the original Transfer Form must be mailed.
 - C. If the Transfer Form can be faxed or emailed.

3. SUBMIT TO CAMAPLAN

- Completed Transfer Form
- Copy of a recent account statement from your current custodian showing your name, account type, and account number.

NOTE: YOUR TRANSFER FORM MUST BE SUBMITTED WITH A RECENT ACCOUNT STATEMENT BEFORE WE CAN PROCESS.

If you would like to have your paperwork reviewed prior to mailing:

call: (866) 559-4430 or email: Operations@CamaPlan.com

Submit your Transfer Package:

- Fax: (973) 302-8622
- Email: Operations@CamaPlan.com
- Mail: CamaPlan

122 E. Butler Ave, Suite 100 Ambler, PA 19002

What's next?

CamaPlan will finalize and submit your request within 2 business days of receipt. You will receive an email when your transfer request is forwarded to the current custodian.

Please follow up with the transferring custodian for the status of your request, as we have no control over the transferring custodian's transfer process.

If your transfer is rejected for any reason, we will contact you once notified by the other custodian.

You will receive a confirmation email once your transfer has been deposited.



3. Transfer Details

This is a: (choose A or B)

1. Participant Details

Participant Name

	A. Complete transfer
	(choose one option below)
Mailing Address (must match addre	ess on file) Liquidate all assets and transfer proceeds
Street	Transfer all assets "in-kind" along with cash:
City	1.
State	2.
ZIP	3.
	OR
Soc. Sec. No.	B. Partial transfer
	(choose one option below)
Cama Acct. No.	Send \$
(Leave blank if ne	<u> </u>
	Send these assets in-kind to CamaPlan:
2. Transferring Account	Info ^{1.}
Custodian of Account to be Trans	2.
	 How would you like your cash to be sent
Company Address	FROM your current custodian?
Street	Check
City	Wire (\$10 incoming wire fee)
State	
ZIP	How would you like us to submit this
20	transfer request?
	Regular Mail
Contact Name	Overnight *
Contact Phone	2-Day Courier *
	. Email
Name on Account to be Transfe	rred Email Address
	Fax

Account No.

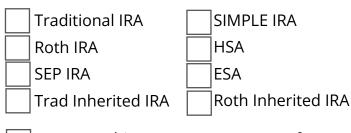
*additional charges may apply, see fee schedule

Fax Number



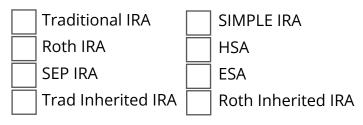
4. Transfer Type

I am transferring FROM:



I am attaching a recent statement for the account I am transferring FROM.

I am transferring TO:



[Medallion Guarantee Stamp] (if required)	

5. Signature

I understand that if this transfer is occurring during or after the calendar year during which I attain the age of 73, the required minimum amount determined under this Custodial Account is still required to be distributed. I further understand that the current Trustee/Custodian is not responsible for making this distribution prior to the transfer. I accept full responsibility for satisfying the required minimum distribution applicable to this Custodial Account by withdrawing sufficient amounts from another Custodial Account prior to the deadline for receiving minimum distributions for the calendar year of the transfer. If this transfer leaves the transferor Custodial Account in one year but does not reach the transferee Custodial Account until the following year, I understand that this will be an "outstanding transfer" as of December 31st. The new Custodial Account must "deem" that the transfer was received as of the prior December 31st for determining any required minimum distribution from the transferee Custodial Account for the year that the transfer was received. I will inform the transferee Custodial Account Trustee/Custodian of any such outstanding transfer.

CamaPlan Account Holder's Signature

Date

FOR CAMAPLAN USE ONLY

Letter of Acceptance: Our organization agrees to serve as the Administrator for the account of the abovenamed individual, and as Administrator, we agree to accept the assets being transferred hereunder.

CAMA Self-Directed IRA, LLC on behalf of the Custodian.

Signed _

Date _