

## When to use this form:

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

- IRA → IRA
- Roth → Roth
- Traditional → Traditional / SEP
- SEP → SEP / Traditional
- HSA → HSA
- ESA → ESA

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 TRANSFERRING CUSTODIAN TO VERIFY:

- A. \*If a medallion guarantee 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 a fax is accepted, enter the fax number in section 3.

### 3. SUBMIT TO CAMAPLAN:

- Copy of a recent account statement from your current custodian showing your name, account type (Traditional, Roth) and account number. (This is required).
- Completed Transfer Form
- Roth Conversion Form (if transferring to a Roth from an account that is not a Roth)

**NOTE: YOUR TRANSFER CANNOT BE PROCESSED WITHOUT THIS ACCOUNT STATEMENT.**

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

fax to: **(973) 302-8622**  
or email to: **Info@CamaPlan.com**

## Mail your complete Transfer Request Package to:

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

## What's next?

CamaPlan will finalize and submit your request within 48 hours 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.

When the funds arrive at CamaPlan, you will be notified via email.

## 1. Participant Details

Participant Name

Mailing Address (must match address on file)

Street

City

State

ZIP

Soc. Sec. No.

Cama Acct. No.

(Leave blank if new account)

## 2. Transferring Account Info

Custodian of Account to be Transferred

Company Address

Street

City

State

ZIP

Contact Name

Contact Phone

Name on Account to be Transferred

Account No.

## 3. Transfer Details

This is a: (choose A or B)

**A. Complete transfer**

(choose one option below)

Liquidate all assets and transfer proceeds to CamaPlan

Transfer all assets "in-kind" along with cash:

1.

2.

3.

OR

**B. Partial transfer**

(choose one option below)

Send \$  in cash to CamaPlan

Send these assets in-kind to CamaPlan:

1.

2.

**How would you like your cash to be sent FROM your current custodian?**

Check

Wire (\$10 incoming wire fee)

**How would you like us to submit this transfer request?**

Regular Mail

Express Mail/Overnight \*

2-Day Courier \*

Fax to:

Fax Number

\*additional fees may apply, see fee schedule

#### 4. Transfer Type

- Check here if this is an inherited IRA.  
 Check here if this is a Conduit IRA.

**I am transferring FROM:**

- |  |                                     |
|--|-------------------------------------|
| <input type="checkbox"/> Traditional IRA | <input type="checkbox"/> Simple IRA |
| <input type="checkbox"/> Roth IRA        | <input type="checkbox"/> HSA        |
| <input type="checkbox"/> SEP IRA         | <input type="checkbox"/> ESA        |

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

**I am transferring TO:**

- |  |                                     |
|--|-------------------------------------|
| <input type="checkbox"/> Traditional IRA | <input type="checkbox"/> Simple IRA |
| <input type="checkbox"/> Roth IRA        | <input type="checkbox"/> HSA        |
| <input type="checkbox"/> SEP IRA         | <input type="checkbox"/> ESA        |

[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 72, 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 Accepting Organization:** Our organization agrees to serve as the Administrator for the account of the above-named individual, and as Administrator, we agree to accept the assets being transferred hereunder. CAMA Self-Directed IRA, LLC on behalf of the Custodian.

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

Signed \_\_\_\_\_

Date \_\_\_\_\_