

## When to use this form:

For transferring funds within similar accounts at CamaPlan:

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

\*after two years

NOT for use with 401(k), 403(b), 457, or TSP accounts.

**NOT for transfers from a pre-tax IRA to a Roth IRA.**

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## To process your Transfer Request:

- 1. CAREFULLY FILL OUT ALL SECTIONS OF THIS TRANSFER FORM**  
Incomplete forms will delay processing.
- 2. SUBMIT COMPLETED TRANSFER FORM TO CAMAPLAN**

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

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

## Submit your Internal Transfer Form:

- Fax: (973) 302-8622
- Email: [Operations@CamaPlan.com](mailto:Operations@CamaPlan.com)
- Mail: CamaPlan  
122 E. Butler Ave, Suite 100  
Ambler, PA 19002

## What's next?

Once your Transfer Form has been submitted, we will process within 1-2 business days.

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



## 1. Account Info

Participant Name

I am transferring FROM:

Account No.

- |  |                                     |
|--|-------------------------------------|
| <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 transferring TO:

Account No.

- |  |                                     |
|--|-------------------------------------|
| <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        |

## 2. Transfer Details

This is a: (choose A or B)

**A. Complete transfer**

(choose one option below)

I authorize CamaPlan to close the existing account upon transfer.

OR

I wish to keep the existing account open (accounts you wish to keep open will have a balance of \$1.00 and will incur no annual fees if the balance remains at \$1.00)

OR

**B. Partial transfer**

Cash \$

Transfer these assets in-kind:

1.
2.

## 3. Signature

By signing below, I authorize this transfer between my accounts.

\_\_\_\_\_  
**CamaPlan Account Holder's Signature**

\_\_\_\_\_  
**Date**