



**IMPORTANT! CONTACT YOUR CURRENT PLAN ADMINISTRATOR TO SEE IF THEY REQUIRE THEIR OWN PAPERWORK**

**GOLDSTAR IRA ACCOUNT OWNER**

Name: \_\_\_\_\_ SS #: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_  
Email: \_\_\_\_\_

**CURRENT IRA OR QUALIFIED PLAN INFORMATION**

*Please provide a copy of a recent statement from your IRA trustee or Employer Retirement Plan*

Trustee's Name: \_\_\_\_\_ Account #: \_\_\_\_\_  
Trustee's Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
City, State, & Zip \_\_\_\_\_

*Type of Existing IRA or Qualified Plan to be transferred or rolled over: (Please choose one)*

Traditional  SEP IRA  401K  403(b)  Pension  Gov. 457 Plan  Simple  Other \_\_\_\_\_

**ASSET LIQUIDATION INSTRUCTIONS**

Close my current account after transfer  Partial transfer

Asset Description	Quantity in IRA	Quantity To Be Transferred	Liquidate Immediately	Liquidate at Maturity	Transfer in Kind
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please make check payable as follows: GoldStar Trust Company, FBO: \_\_\_\_\_ IRA.  
*(IRA Holder's Name)*

**REQUIRED MINIMUM DISTRIBUTION RESTRICTION (AGE 70 ½ OR OLDER)**

I authorize the Trustee or Custodian named above to:  distribute my RMD to me prior to transferring my Traditional or SEP IRA Assets,  segregate and retain my RMD amount, or  include the amount that represents my RMD in the transfer.

*Effective 1-1-2010*

**CLIENT AUTHORIZATION**

**Transfers Only:**

I authorize the transfer of the IRA assets in the manner described above and certify that all of the information provided by me is correct and may be relied upon by GoldStar Trust Company.

**Direct Rollover Only:**

I understand the rules and conditions applicable to direct rollovers and certify that I qualify for a direct rollover of the funds or assets listed above. Due to the important tax consequences of rolling funds over to an IRA or other qualified plan, I have been advised to see a tax advisor. I hereby request payment from the plan designated above in the form of a direct rollover. I assume full responsibility for this direct rollover transaction and will not hold GoldStar Trust Company or the Plan Administrator of either the distributing or receiving plans liable for any adverse consequences that may result. I hereby irrevocably designate this contribution of the funds and/or property indicated above as a direct rollover contribution.

\_\_\_\_\_  
*Client's Signature*

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

**GOLDSTAR TRUST COMPANY LETTER OF ACCEPTANCE**

GoldStar Trust Company agrees to serve as the new Custodian for the account of the above-named individual, and as Custodian, we agree to accept the assets being transferred.

GoldStar Account Identification # \_\_\_\_\_

GoldStar Trust Company  
Tax ID# 74-2557688

\_\_\_\_\_  
*Authorized Signature for GoldStar*

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

**SIGNATURE GUARANTEE**

*Check with your current custodian to determine if a Medallion Stamp Guarantee is required. This is NOT a requirement of GoldStar Trust Company.*