

**IRA DIRECT TRANSFER  
INSTRUCTIONS (FORM 2325)**

**Please Print or Type**

TO: \_\_\_\_\_  
Current IRA or QRP Fiduciary Account Number at Current Institution

\_\_\_\_\_  
Mailing Address of Current IRA or QRP Fiduciary

Please liquidate and transfer the amount indicated below from the IRA or qualified retirement plan (QRP) you are maintaining on my behalf to the IRA I have established at my financial organization (named in the Identifying Information section of this form). Distribute the post-70½ required minimum distribution (RMD) or death benefit RMD for the current year (if any) prior to making the transfer. **Make the check for the direct transfer payable as follows: Name of Financial Organization, F/B/O IRA Owner's Name.** Note on the check that it is for deposit to account number \_\_\_\_\_ at the financial organization. Attach the check to a copy of this form and send it to the financial organization at the address provided below. My financial organization can only accept a check to implement this transfer, so please don't send it in any other form.

**Source of Transfer into Traditional IRA**

- Traditional IRA\*
- Traditional qualified retirement plan (QRP)\*

**Source of Transfer into Roth IRA**

- Roth IRA\*
- Traditional IRA
- Designated Roth account of a QRP\*
- Traditional qualified retirement plan (QRP)\*

**\*Check if Applicable**

- I am the beneficiary of the distributing IRA or QRP. The receiving IRA is subject to the death benefit RMD rules, and the original owner or participant was: \_\_\_\_\_

**IDENTIFYING INFORMATION**

IRA Owner's Name (First, Initial, Last) \_\_\_\_\_ Financial Organization Name \_\_\_\_\_  
Social Security Number \_\_\_\_\_ IRA Suffix \_\_\_\_\_ Financial Organization Mailing Address \_\_\_\_\_  
CID# (Organization will complete.) \_\_\_\_\_ City, State, ZIP \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Contact Person at Financial Organization \_\_\_\_\_

**AMOUNT AND TIMING OF TRANSFER**

Liquidate the current investment and transfer the proceeds as follows. **Check one box in each column.**

**Amount to transfer:**

- 1. \$ \_\_\_\_\_
- 2. The entire amount in my account and close my account.

**Make this transfer:**

- 1. On \_\_\_\_\_ Date (MM/DD/YYYY)
- 2. Immediately.
- 3. At maturity of the investment.

**FINANCIAL ORGANIZATION'S SIGNATURE**

The financial organization named above agrees to act as successor trustee or custodian and accept the transfer described above for deposit to the IRA established on behalf of the IRA owner named above.

**X** *Kimberly DeAngelo* \_\_\_\_\_  
Organization Representative's Signature Date (MM/DD/YYYY)

**IRA OWNER'S SIGNATURE**

I have established an IRA with the financial organization named above. I authorize the current fiduciary of my IRA or QRP to liquidate the above described portion of my interest in the plan and send the proceeds to my financial organization as directed on this form. (The IRA owner should check with the IRA or QRP fiduciary that currently has the funds to determine whether a signature guarantee is required.)

**X** \_\_\_\_\_  
IRA Owner's Signature Date (MM/DD/YYYY)