



IRA ROLLOVER/ DIRECT ROLLOVER FORM

13905 W. Wainwright Dr.
Boise, ID 83713
Phone: (208) 314-2580
Fax: (208) 376-4567

Rollover Instructions

This form documents the rollover of your asset to Mountain West IRA, Inc. **Mountain West IRA, Inc. WILL NOT initiate the rollover.** Contact your current Custodian to roll your assets over to Mountain West IRA, Inc. For multiple transactions, please use a separate form for each. Use this form to:

- * Document your rollover contribution to Mountain West IRA, Inc. (Take receipt of assets for up to 60 days before depositing in a new retirement plan).
- * Document your direct rollover contribution (Move assets directly from your qualified retirement plan to a new retirement plan).

1. PARTICIPANT INFORMATION

Participant Name: _____ Account No.: _____

Address: _____

SSN: _____ Birth Date: _____ Phone: _____

2. WHERE ARE YOUR FUNDS/ASSETS CURRENTLY HELD?

Name of Custodian/Trustee: _____ Account number: _____

Office Address: _____

City, State, ZIP: _____

Phone Number: _____ ContactName: _____

3. TYPE OF PLAN FROM WHICH YOU ARE ROLLING OVER:

Traditional Roth SEP Other (401(k), PS, MP, DB, 403(b), 457) _____

4. TYPE OF PLAN TO WHICH YOU ARE ROLLING OVER:

Traditional Roth (see below) SEP Other: _____

I verify that this is a Roth Conversion Deposit and therefore a taxable event (Please Attach Roth Conversion Form)

5. VERIFY THAT YOU ARE ELIGIBLE TO PERFORM THIS TRANSACTION – SELECT ONE:

I am an eligible person to perform this transaction:

Plan participant Spouse beneficiary of account Non-spouse beneficiary of account

Ex-spouse of account due to divorce/legal separation Responsible individual

6. ROLLOVER INSTRUCTIONS TO RESIGNING CUSTODIAN

To roll over CASH, please follow the instruction below. Contact our office for wire instructions.

CASH: Please make payable to **MWIRA Trust Fund FBO (my name)**

To roll over INVESTMENTS (Private Stock, Real Estate, LLCs, Notes, etc.), please complete the asset description below and contact us regarding the re-registration of your investment.

Asset description	Amount

Delivery instructions are attached Current statement is attached

PART I. ROLLOVER FROM ANOTHER IRA (OR ANOTHER SIMPLE IRA)

- I certify that the following statements are true and correct.
1. This rollover contribution is being made within 60 days after my receipt of funds from another IRA, in which I was either the participant or surviving spouse beneficiary, or in the case of a distribution from an IRA due to a first time homebuyer which is being rolled into this IRA because of a delay in the acquisition of the first time home, this rollover contribution is being made within 120 days after my receipt of funds from the distributing IRA.
 2. During the 12-month period prior to my receipt of the distribution being rolled over, I have not received a rollover distribution from any IRA which was subsequently rolled over to another IRA. (This rule does not apply to a delay in the acquisition of a residence for a first time homebuyer as discussed above).
 3. I am not rolling over any required minimum distributions with respect to the distributing IRA plan.
 4. If this rollover contribution represents a distribution from a SIMPLE IRA and I have not participated in my Employer's SIMPLE Plan for 2 years, this rollover contribution is being made into another SIMPLE IRA.

Date Employee First Participated in original SIMPLE IRA: _____

PART II. ROLLOVER/DIRECT ROLLOVER FROM AN EMPLOYER PLAN

- I certify that the following statements are true and correct.
1. The undersigned certifies that my employer's qualified plan, qualified annuity, 403(b) plan, governmental 457(b) plan, or the Federal Employee's Thrift Savings Plan has made or will make an Eligible Rollover Distribution which is either being paid in a Direct Rollover to the Custodian or Trustee of my IRA, or, if I am the participant or the surviving spouse, paid directly to me which I am rolling over no later than the 60th day after receiving the Eligible Rollover Distribution.
 2. This Rollover/Direct Rollover is not part of a series of payments over my life expectancy(ies) or over a period of 10 years or more.
 3. This Rollover/Direct Rollover does not include any required minimum distributions with respect to the employer's plan.
 4. This Rollover/Direct Rollover does not include a hardship distribution, an unforeseeable emergency distribution, a corrective distribution, or a deemed distribution of a default from any employer's plan.
 5. I certify that I am eligible to establish an IRA with this Rollover/Direct Rollover of an Eligible Rollover Distribution, and that I am one of the following: the plan participant; the surviving spouse of the deceased plan participant; or the spouse or former spouse of the plan participant under a Qualified Domestic Relations Order, or a non-spouse beneficiary (in which case I understand I may only make a direct rollover to an inherited IRA).
 6. If this transaction is a Rollover Conversion Deposit to a Roth IRA, I understand the tax consequences and have attached a Roth Conversion Form.

PART III. ADDITIONAL INFORMATION FOR ROLLOVERS BEGINNING AT AGE 70½

I received the distribution from the other plan on _____. This distribution is is not an outstanding rollover as of the prior December 31st.

I certify that this rollover does not include any required minimum from the distributing plan, or I certify that I have already satisfied my required minimum for the IRA being rolled over from another IRA.

SIGNATURE OF IRA PARTICIPANT

I hereby agree to the terms and conditions set forth in this Rollover form and acknowledge having established a Self-Directed Account through execution of the _____ (Type of Account) Account Application. I understand the rules and conditions applicable to a (check one) Rollover Direct Rollover. I qualify for the Rollover or Direct Rollover of assets listed in the Asset Liquidation above and authorize such transactions. If this is a Rollover or Direct Rollover, I have been advised to see a tax advisor due to the important tax consequences of rolling assets into a self-direct account. If this is a Rollover or Direct Rollover, I assume full responsibility for this Rollover or Direct Rollover transaction and will not hold the Plan Administrator, Custodian or Issuer of either the distributing or receiving plan liable for any adverse consequences that may result. I understand that no one at Mountain West IRA or any of its licensees has authority to agree to anything different than my foregoing understandings of MWIRA policy. If this is a Rollover or Direct Rollover, I irrevocably designate this contribution of assets with a value of \$ _____ as a rollover contribution. *By signing this form, I certify that I am completing this rollover:*

A. Within 60 calendar days following the day I received the assets(If Applicable); I have not performed a rollover from any IRA within the last 12 months and the rollover DOES NOT contain my Required Minimum Distribution.

B. If I am a non-spouse beneficiary, this is a direct rollover from an employer plan and the rollover contribution DOES NOT contain my Required Minimum Distribution.

Your Signature _____ Date _____

ACCEPTANCE OF RECEIVING CUSTODIAN

Pursuant to a limited written delegation, Empire Trust, Inc., as Custodian ("Custodian"), has authorized Mountain West IRA, Inc. to sign this form on the Custodian's behalf to verify the Custodian's acceptance of the transfer, rollover or direct rollover described above and agreement to apply the proceeds upon their receipt to the Account established by Mountain West IRA, Inc., on your behalf. Empire Trust, Inc. ASSUMES NO TRUST OR FIDUCIARY OBLIGATIONS TO YOU AS IT HAS NO INVESTMENT CONTROL OVER YOUR FUNDS AND ACTS ONLY AS A CUSTODIAN OF YOUR FUNDS.

Mountain West IRA, Inc. on behalf of Custodian, Empire Trust, Inc.

By: _____

Date: _____

Account #: _____



MOUNTAIN WEST IRA