



This is a fillable PDF form. To complete the form, click in an area and type.

Account Owner In	nformatior	l (As it appear	rs on your account a	pplication)			
Legal Name:				Vantage Account #:			
Legal Address:							
City:				State:	Zip:		
Date of Birth:				Social Security Number:			
Phone:	Fax:		Fax:		Mobile:	_ Mobile:	
Name of Resignin	ng Custodia	ın / Plan	Sponsor				
Company Name:			_Account #:				
Office Address:							
Contact Name:				Phone:			
Type of Plan You	Are Rolling	g Over Fi	rom				
O Traditional O	ROTH	O SEP	O SIMPLE	O HSA	O 401K	O Other	
Rollover Instruct	ions						
To Rollover CASH:							
Rollover Amount: \$							
• By CHECK - Make c Please allow five business da	heck payable	to Vantag	e FBO [your n	ame] IRA #			
• By WIRE - Please co Please allow one business do			ing instruction	ns			
To Rollover In-Kind A	Assets:						
• Please complete the							
Asset Description:				Amount:			
Asset Description:				Amount:			
Acknowledgment Please note: Your resigni	t Please print th ng Custodian ma	is form first, t ly require add	hen sign and mail litional documenta	the document to you ation. Please read the	r Vantage office. following statemen	t carefully.	
account application (the "Account Application") I hereby agree to the terms and condition (check one) Rollover Direct Rollover. I important tax consequences of rolling assets in receiving plan liable for any adverse consequer designate this contribution of assets with a val	. The terms and conditions of set forth in this Rollow qualify for the Rollover or D to a self-directed account. It nees that may result. I under use of \$and the rollover DOES NOT control of t	of this document are in er Certification and a irect Rollover of assets this is a Rollover or Di stand that no one at A as a rollover contri	corporated into the Account A acknowledge having establis i listed in the Asset Liquidation rect Rollover, I assume full res Idmistrator or any of its license bution. By signing this form, I	pplication, and the terms and cond shed an Account through execut n above and authorize such transac ponsibility for this Rollover or Direct ees or franchisees has authority to a certify that I am completing this ro	itions of the Account Application . ion of the Account Applicatior tions. If this is a Rollover or Direc t Rollover transaction and will no agree to anything different as set Jllover within 60 calendar days fo cct rollover from an employer plar	of the custodian ("Custodian") as set forth in Account Owners are incorporated herein. I understand the rules and conditions applicable to a t Rollover, I have been advised to see a tax advisor due to the t hold Administrator or Custodian of either the distributing or forth herin. If this is a Rollover or Direct Rollover, I irrevocably pllowing the day I received the assets. I have not performed a n and the rollover contribution DOES NOT contain my Requirec Ite:	

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