



VANTAGE
Self-Directed Retirement Plans

Rollover Certification

Date Stamp
(Office use only)

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

Account Owner Information (As it appears on your account application)

Legal Name: _____ **Vantage Account #:** _____
First, Middle, Last

Legal Address: _____

City: _____ **State:** _____ **Zip:** _____

Date of Birth: _____ **Social Security Number:** _____

Phone: _____ **Fax:** _____ **Mobile:** _____

Name of Resigning Custodian / Plan Sponsor

Company Name: _____ **Account #:** _____

Office Address: _____

City: _____ **State:** _____ **Zip:** _____

Contact Name: _____ **Phone:** _____

Type of Plan You Are Rolling Over From

Traditional ROTH SEP SIMPLE HSA 401K Other _____

Rollover Instructions

To Rollover CASH:

Rollover Amount: \$ _____

- **By CHECK - Make check payable to Vantage FBO [your name] IRA #** _____
Please allow five business days for checks clear
- **By WIRE - Please contact our office for wiring instructions**
Please allow one business day for wires to clear

To Rollover In-Kind Assets:

- **Please complete the section below and contact our office regarding the re-registration of your asset.**

Asset Description: _____ Amount: _____

Asset Description: _____ Amount: _____

Acknowledgment Please print this form first, then sign and mail the document to your Vantage office.

Please note: Your resigning Custodian may require additional documentation. Please read the following statement carefully.

Vantage Retirement Plans, L.L.C. ("Administrator") performs recordkeeping and administration duties in connection with Account Owner's self-directed retirement account (the "Account") on behalf of the custodian ("Custodian") as set forth in Account Owner's account application (the "Account Application"). The terms and conditions of this document are incorporated into the Account Application, and the terms and conditions of the Account Application are incorporated herein.

I hereby agree to the terms and conditions set forth in this Rollover Certification and acknowledge having established an Account through execution of the 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-directed account. If this is a Rollover or Direct Rollover, I assume full responsibility for this Rollover or Direct Rollover transaction and will not hold Administrator or Custodian of either the distributing or receiving plan liable for any adverse consequences that may result. I understand that no one at Administrator or any of its licensees or franchisees has authority to agree to anything different as set forth herein. 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 within 60 calendar days following the day I received the assets. I have not performed a rollover from an IRA within the last 12 months and the rollover DOES NOT contain my Required Minimum Distribution. 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.

Account Owner's Signature: _____ **Date:** _____