



P.O. Box 669802, Dallas, TX 75266-0955

# ROTH IRA TRANSFER REQUEST

Please review all information below and complete as applicable. If you have any questions regarding the information on this form, please contact our IRA Specialists toll-free at 1-866-226-5638.

## Present IRA Trustee/Custodian (Location of funds)

Name
Address
City/State/Zip

## Acceptance

By the authorized signature below, the successor (receiving) IRA Trustee/Custodian agrees to accept the transferred assets and to deposit them into an IRS-approved IRA.



## IRA Owner Information

Name	Social Security Number	Date of Birth
Address	Phone Number	
City/State/Zip	Synchrony Account Number	

## Transfer Authorization to Present IRA Trustee/Custodian

Please transfer the following Roth IRA assets: (Cash Proceeds Only)

The entire balance of Account # \_\_\_\_\_

Only the balance in these account(s): # \_\_\_\_\_ # \_\_\_\_\_ # \_\_\_\_\_

Only this specific dollar amount: \$ \_\_\_\_\_ From Account #: \_\_\_\_\_

Other (specify) \_\_\_\_\_

Please transfer the assets  immediately\*  at maturity date of \_\_\_\_\_ other: \_\_\_\_\_

\* I understand that penalties for early withdrawal may apply.

Make Check Payable To: **Synchrony Bank** \_\_\_\_\_, Custodian  
Name of Receiving IRA Trustee/Custodian

For the IRA of: \_\_\_\_\_  
Name of IRA Owner

Transfer Method:

Mail check to: **Synchrony Bank – Retirement Services**  
Name of Receiving IRA Trustee/Custodian  
**PO Box 669802**  
Address  
**Dallas, TX 75266-0955**  
City/State/Zip

Wire funds to: **021213591**  
Routing Number of Receiving IRA Trustee/Custodian

Transferee Account Number: \_\_\_\_\_  
Please include this account number with remittance.

NOTE: Please return one copy of this form to the receiving IRA Trustee/Custodian.

## Signatures

I certify that, to the best of my knowledge, the information provided on this form is true and correct and may be relied upon by the Trustee/Custodian. The Trustee/Custodian has not provided me with any legal or tax advice, and I assume full responsibility for this transaction. I will not hold the Trustee/Custodian liable for any adverse consequences that may result from this transaction.

**X** \_\_\_\_\_ **X** \_\_\_\_\_  
Signature of Owner Date Signature of Trustee/Custodian Date

Transfers may require a Signature Guarantee – Please contact the current Custodian to see if one is needed.