

DIRECT ROLLOVER REQUEST

(LIBERTY TRUST COMPANY ACCOUNT NUMBER)

Use this form to authorize a Direct Rollover from an employer's retirement plan to your IRA with Liberty Trust Company, Ltd.

Legal Name:	Date of Birth:	
Address:	Soc. Sec. Number:	
City, State, Zip:		
Type of Account at Liberty Trust Company, Ltd. (check one):		
☐ Traditional IRA ☐ Roth IRA ☐ SEP IRA ☐ This is also	o an Inherited IRA	
CURRENT RETIREMENT PLAN INFORMATION		
Name of Employer:	Contact	Name at Employer:
Name of Distributing Plan:		
Address:	Phone:	
City, State, Zip:		
Type of Plan: (check one) ☐ 401(k) ☐ Profit Sharing ☐ F		_
Type of Plan: (check one) 1 401(k) 1 Ploui Shanno 1 Fi	Pension Π 403(b) Π 457 Π	Other
ROLLOVER INSTRUCTIONS I hereby authorize Liberty Trust Company, Ltd. to send the Direct R		
ROLLOVER INSTRUCTIONS I hereby authorize Liberty Trust Company, Ltd. to send the Direct R	ollover Request to my existing custon il (additional \$35 fee applies) S, ETC. WILL NOT COMPLETE A DIR OVER REQUEST, YOU SHOULD CONTACT THE	RECT ROLLOVER UPO PLAN ADMINISTRATOR A
ROLLOVER INSTRUCTIONS I hereby authorize Liberty Trust Company, Ltd. to send the Direct R following method: □ Regular Mail □ Overnight Mail NOTICE: MOST PLAN ADMINISTRATORS, TRUSTEES, CUSTODIAN CEIPT OF THIS FORM ALONE. BEFORE COMPLETING THE DIRECT ROLLOW	ollover Request to my existing custon (additional \$35 fee applies) S, ETC. WILL NOT COMPLETE A DIFECT OF THE Y DISTRIBUTION ELECTION FORMS REQUIRED TO THE Y DISTRIBUTION FORMS REQUIRED TO THE Y DISTRIBUTION FORMS REQUIRED TO THE Y DISTRIBUTION ELECTION FORMS REQUIRED TO THE YOUR STATEMENT OF THE YOUR STATE	RECT ROLLOVER UPO PLAN ADMINISTRATOR A D BY THEM. Ind transfer the cash in rollover request to unit Custodian has suff
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DELIVERY INSTRUCTIONS

☐ Regular Mail	☐ Overnight Mail	☐ Wire (additional \$25 fee applies)		
IPS 8226 Douglas Avenue, Suite 520 Dallas, TX 75225	IPS 8226 Douglas Avenue, Suite 520 Dallas, TX 75225	Third Coast Bank SSB 20202 Hwy 59 N Ste. 190 Humble, TX 77338 ABA Number: 13094149		
Make check payable to: Liberty Trust Company, Ltd., Custodian FBO: (client's name) IRA #	Make check payable to: Liberty Trust Company, Ltd., Custodian FBO: (client's name) IRA #	Liberty Trust Company, Ltd. 101 S. Reid St. Ste. 307 Sioux Falls, SD 57103 Acct. Number: 1000019370 Ref: (client's name) IRA #		
Asset Registration Instructions: The registration / title for the investment name of the Account Owner, the accourt	and other related documents must reflect that number, and Liberty Trust Company, Ltd.'	ne name of Liberty Trust Company, Ltd., the s Tax ID Number.		
Tax Identification Number: 90-090915		stodian FBO: (client's name) IRA#		
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ACCOUNT OWNER ROLLOVER AUTHO	RIZATION AND SIGNATURE			
account of the type designated in sectio Rollovers and I certify that I qualify for	n 1 of this form. I acknowledge that I unders the Direct Rollover of assets listed in the R llover does not contain my Required Minimu	t and acknowledge that I have established a stand the rules and conditions regarding Directlover Instructions above and authorize such Distribution. I irrevocably elect to designate		
I UNDERSTAND that if funds are wired count unless I have prepaid such fee.	to Liberty Trust Company, Ltd. (LTC), LTC	will deduct the incoming wire fee from my ac		
I HEREBY AUTHORIZE the present Cu	stodian to deliver my cash and/or assets as	noted above.		
Signature: X	Date: X			
LETTER OF ACCEPTANCE BY LIBERTY	/ TRUST COMPANY, LTD			
		and a supply the supply		
	established on behalf of the Account Owne	essor Custodian and agrees to apply the pro ramed above.		
Ву:	Date:			
Printed Name:	Title: Au	thorized Signer		