

## INTERNAL IRA TRANSFER REQUEST

P. O. Box 719 1401 4th Avenue Canyon, TX 79015 (800) 486-6888 NewBusiness@goldstartrust.com

**GOLDSTAR IRA ACCOUNT OWNER** Date of Birth: Name: Current Account #: Daytime Phone #: Type of existing IRA to be transferred: (please choose one) Type of IRA being transferred to : (please choose one) SEP IRA Simple \_\_\_ Traditional Traditional SEP IRA New Account #: \_\_\_\_\_ **ASSET LIQUIDATION INSTRUCTIONS** Quantity Quantity To Liquidate Liquidate at Transfer Asset Description **Immediately** in IRA Be Transferred Maturity In-Kind Full Transfer Partial Transfer Select One: **SIGNATURES CUSTOMER SIGNATURE** THIS BOX FOR INTERNAL USE ONLY GoldStar Trust Company agrees to serve as the new Custodian for the account of the above-named individual, and as Custodian, we agree to I authorize the transfer of the IRA assets in the manner described above and certify accept the assets being transferred. that all of the information provided by me is correct and may be relied upon by GoldStar GoldStar Account Identification # \_ Trust Company. GoldStar Trust Company Tax ID# 74-2557688 Authorized Signature for GoldStar Date Account Holder's Signature Date