

## **IRA TRANSFER** REQUEST (Incoming into GoldStar)

			tar Account No			
Social Security No			GoldStar Account No			
		Date of Birth				
PART 2. TELL US ABOUT THE ACCOU	JNT YOU ARE TRANSFEI	RRING				
Delivering Firm		Phone Number				
Mailing Address						
Delivering Firm Account No	Fax Number					
Traditional SEP	Simple	Roth	Direct Rollover* 🗌 Other _			
*To initiate a direct rollover from an employer-sp	onsored retirement plan (401K	, 403B, GOV 457, Pension, etc	) contact your plan administrator.			
A STATEMENT FROM THE DELIVERIN	G FIRM MUST BE PROV	IDED TO TRANSFER IN	O GOLDSTAR TRUST COMPANY.			
Full Liquidation & Transfer of Entir		Transfer \$				
(Cash amount or list the assets below for In-Kind)						
Full In-Kind Transfer	Asset D	scription ( <i>In-Kind only</i> ) Quantity or Amount to be Transferr		ount to be Transferred		
PART 3. DELIVERY INSTRUCTIONS	- SELECT ONE					
Client Name		Account No	Account Type			
Wire Funds	Covernight Funds (fees may apply) GoldStar Trust Company 701 S Taylor Ste 260 Amarillo, TX 79101	Regular Mail     GoldStar Trust Company 701 S Taylor LB 110 Amarillo, TX 79101	In-Kind Registration (Securitie	rs)		
(fees may apply)			GoldStar Trust Company			
Centennial Bank 620 Chestnut, Conway, AR 72032			FBO: (client's name and account type	9)		
Routing Number: 082902757			Tax ID: 88-1312583 It is the policy of GoldStar Trust Company ("	GoldStar") to only accent		
Account Number: 6002000773			securities that have been re-registered to Gol	dStar prior to transfer. Any		
Further Credit: GoldStar Trust Company (client's name and account number)			securities received that have not been re-reg returned to the current custodian for re-regist			
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PART 4 CUSTOMER SIGNATURE			DSTAR LETTER OF ACCEPTAN			

Transfers Only: I authorize the transfer of IRA assets in the manner described above and certify that all the information provided by me is correct and may be relied upon by GoldStar Trust Company. I understand that I am responsible for determining my eligibility to transfer within the limits set forth by tax laws, related regulations and plan agreements. I assume responsibility for any tax consequences or penalties that may apply to the transfer of these assets and I agree GoldStar Trust Company shall in no way be held responsible.

Direct Rollovers Only: I understand the rules and conditions applicable to direct rollovers and certify that I qualify for a direct rollover of the funds or assets listed above. Due to the important tax consequences of rolling funds over to an IRA or other qualified plan, I have been advised to see a tax advisor. I hereby request payment from the plan designated above in the form of a direct rollover. I assume full responsibility for this direct rollover transaction and will not hold GoldStar Trust Company or the plan administrator of either the distributing or receiving plans liable for any adverse consequences that may result. I hereby irrevocably designate this contribution of the funds and/or property indicated above as a direct rollover contribution.

GoldStar Trust Company agrees to serve as the new custodian for the account of the above-named individual, and as Custodian, we agree to accept the assets being transferred.

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Authorized Signature for GoldStar

Date (mm/dd/yyyy)

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