

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

## TRADITIONAL 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.

•	Custodian (Location of fund	
Name		By the authorized signature below, the successor (receiving) IRA Trustee/ Custodian agrees to accept the
Address		transferred assets and to deposit them into an IRS-approved IRA.
City/State/Zip		···
	on	
Name		Social Security Number Date of Birth
Address		Phone Number
City/State/Zip		Synchrony Account Number
	n to Present IRA Trust	
The entire balar	ce of Account #	SEP Simple IRA assets: (Cash Proceeds Only)
Only the balance	e in these account(s): #	# #
Only this specific dollar amount: \$\		# # # From Account #:
Other (specify)		
		maturity date ofOther:
•	Ities for early withdrawal may	apply.
Make Check Payable to	Synchrony Bank Name of Receiving IRA Tru	, Custodian,
For the IRA of:	C	
i or the live or.	Name of IRA Owner	
Transfer Method:		
Mail check to:	Synchrony Bank - Retire	
	Name of Receiving IRA Tr	ustee/Custodian
	PO Box 669802	
	Address	
	Dallas, TX 75266-0955	
	City/State/Zip	
Wire funds to:	021213591	
while fullus to.	Routing Number of Receivi	ing IRA Trustee/Custodian
Transferee Account Nur	_	ing in a contact of customan
	Please include this accoun	t number with remittance.
NOTE: Please return one cop	y of this form to the receiving IRA Tr	ustee/Custodian.
Signatures		
	of my knowledge, the informa	ation provided on this form is true and correct and may be
		ustodian has not provided me with any legal or tax advice,
		vill not hold the Trustee/Custodian liable for any adverse
consequences that may	result from this transaction.	
X		<u>X</u>
Signature of Owner	Date	Signature of Trustee/Custodian Date
Transfers may require a Sig	nature Guarantee - Please contac	t the current Custodian to see if one is needed.

