
IRA Rollover Certification

Account Number _____

Do not use this form to transfer an account. Please only complete the section that applies to the type of account the funds are coming from.

Account Owner Information

Name _____ D/O/B _____

Address _____ SSN _____

City _____ State, ZIP _____ Country _____

Day Phone _____ Evening Phone _____ E-mail _____

Traditional IRA or SIMPLE IRA Rollover *(For an eligible rollover, all must be answered NO)*

1. Timeliness – 60 Days

Have more than 60 days elapsed since you received the distribution from the IRA? Yes No

2. RMD Rollover Restriction

Does this rollover contribution contain any required minimum distribution amounts? Yes No

3. Twelve Month Restriction **(For a rollover to be eligible, both questions must be answered NO)**

Did you receive any other distributions from the distributing IRA during the past 12 months which you also rolled over? Yes No

Have the assets involved in this transaction been previously rolled over from one IRA to another within the past 12 months? Yes No

4. SIMPLE IRA Rollover Restrictions

If a SIMPLE IRA is being rolled to a Traditional IRA, did you first begin participating in your employer's SIMPLE salary reduction arrangement less than two years ago Yes No

Roth IRA Rollover (For an eligible rollover, all must be answered NO)

1. Timeliness – 60 Days

Have more than 60 days elapsed since you received the distribution from the Roth IRA? Yes No

2. Twelve Month Restriction (For a rollover to be eligible, both questions must be answered NO)

Did you receive any other distributions from the distributing Roth IRA during the past 12 months which you also rolled over? Yes No

Have the assets involved in this transaction been previously rolled over from one Roth IRA to another within the past 12 months? Yes No

Please read and sign the following:

I am familiar with and understand the rollover rules and conditions. I certify that I have met the requirements for making a rollover. Due to potential tax consequences of rolling over funds or property to an IRA I have been advised to consult a tax professional. All information provided by me is true and accurate and may be relied upon by the Trustee. I assume full and sole responsibility for this rollover and will not hold the Trustee liable for any adverse consequences that may result. I hereby designate this contribution of \$ _____ in cash and property as a rollover contribution.

IRA Holder

Date

**Fax your completed, signed form to 312-220-7042,
or mail it to PO Box 2197, Chicago IL 60690-1347**

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