

Use this form to transfer funds directly from your existing IRA to your NuView IRA.

1 PERSONAL INFORMATION

Name (Your name as it appears in your plan) <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. _____		Social Security Number
Legal Address		City, State, Zip
Phone		NuView Account Number (if applicable)

2 CURRENT CUSTODIAN/TRUSTEE

Name of Custodian/Trustee		Account Number	
Transfer Department Address		City, State, Zip	
Phone Number	Is this an Inherited Account? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Account	<input type="checkbox"/> Traditional <input type="checkbox"/> Roth <input type="checkbox"/> SEP <input type="checkbox"/> Qualified Plan <input type="checkbox"/> HSA <input type="checkbox"/> ESA <input type="checkbox"/> SIMPLE

3 TRANSFER DETAILS

<input type="checkbox"/> Option One: Cash Transfer <input type="checkbox"/> Complete (liquidate and send all proceeds) <input type="checkbox"/> Partial - Send ONLY \$ _____ Please send cash via: <input type="checkbox"/> Check <input type="checkbox"/> Wire	<input type="checkbox"/> Option 2: In-Kind Transfer <i>(NuView will not accept in-kind transfers of publicly traded securities)</i> <input type="checkbox"/> Complete (Send all assets listed below and cash) <input type="checkbox"/> Partial - Send ONLY the assets listed below Please send cash via: <input type="checkbox"/> Check <input type="checkbox"/> Wire
How would you like this request sent to your current custodian? <input type="checkbox"/> Certified mail (no charge) <input type="checkbox"/> Overnight Mail (\$30)	
Asset Description	Amount

4 SIGNATURE AND ACKNOWLEDGEMENT

1. I hereby agree to the terms and conditions set forth in this Account Asset Transfer Authorization and acknowledge having established a self directed account through execution of the account application.

2. Custodial account holder confirms that this purchase or transfer does not include any illegal or impermissible investments under South Dakota or Federal law, including, but not limited to, holdings of marijuana or other illegal substances, illegal gambling, or illegal artifacts.

3. I qualify for the account transfer of assets listed in the Asset Liquidation above and authorize such transactions.

4. I understand the rules and conditions applicable to an Account Transfer.

Your Signature: _____

Date: _____

(Medallion Guarantee Stamp)

ACCEPTANCE OF RECEIVING CUSTODIAN

Pursuant to a limited written delegation NuView Trust Company as Custodian ("Custodian"), has authorized NuView IRA, Inc. to sign this form on the Custodian's behalf to verify the Custodian's acceptance of the transfer, rollover or direct rollover described above and agreement to apply the proceeds upon their receipt, to the Account established by NuView IRA, Inc on your behalf. NuView Trust Company ASSUMES NO TRUST OR FIDUCIARY OBLIGATIONS TO YOU AS IT HAS NO INVESTMENT CONTROL OVER YOUR FUNDS AND ACTS ONLY AS A CUSTODIAN OF YOUR ACCOUNT.

NuView IRA, Inc on behalf of Custodian, NuView Trust Company

By: _____

Date: _____

Account #: _____

Type of Account

Traditional Roth SEP SIMPLE HSA ESA
 Qualified Plan Beneficiary/Inherited