

1 ACCOUNT HOLDER INFORMATION

Account Holder's Name <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr.	NuView Account Number
Home Address	
City, State, Zip	Phone

2 CONVERSION DETAILS

Type of Account being converted? (select one) <input type="checkbox"/> Traditional <input type="checkbox"/> SEP <input type="checkbox"/> SIMPLE	Is this conversion to a new or existing Roth IRA? <input type="checkbox"/> This a conversion to a new Roth IRA (Roth IRA Application Must Be Completed) <input type="checkbox"/> This conversion is to an existing Roth IRA: Account Number: _____
Form of Conversion: <input type="checkbox"/> Full Conversion (Convert all cash and assets in-kind) <input type="checkbox"/> Partial Conversion (Only convert cash and/or assets as described below) <input type="checkbox"/> Cash Only: Amount \$ _____ <input type="checkbox"/> In-Kind*: Assets(s) to be distributed: _____	
Asset	Current Fair Market Value
<small>*A current Fair Market Value must be provided to convert assets in-kind</small>	

3 WITHHOLDING INFORMATION

<input type="checkbox"/> I elect NOT to have Federal Income Tax withheld <input type="checkbox"/> I ELECT to have Federal Income Tax withheld <i>(cannot be less than 10%)</i> <input type="checkbox"/> withhold _____% from my payment(s) <input type="checkbox"/> withhold \$ _____ from my payment(s)
Withholding Instructions: <input type="checkbox"/> Send the amount requested LESS my federal withholding election <input type="checkbox"/> Send the EXACT amount requested and submit my federal withholding election out of my remaining IRA cash balance

4 SIGNATURE AND ACKNOWLEDGEMENT

Certification, Acknowledgement and Signature

1. I certify that the information provided including my Social Security Number is true and correct to the best of my knowledge.
2. I certify that no tax advice has been given to me by the Administrator or Custodian.
3. This conversion is being made within 60 days after my receipt of funds from my traditional IRA plan or Employer Sponsored plan, if applicable.
4. I hereby irrevocably elect, to treat this transaction as a conversion as permitted under the IRS Regulations.
5. It is recommended that I consult with my tax advisor before completing this transaction.
6. I acknowledge that the distribution and conversion transactions will be reported to the IRS.
7. I acknowledge that I am responsible for the record keeping of the Roth IRA information.
8. I expressly assume the responsibility for any adverse consequences which may arise from this conversion request and I agree that the Administrator and/or Custodian shall in no way be responsible for those consequences.
9. I hereby release the Administrator, Office, and/or Custodian from any claim for damages on account of the failure of this transaction to qualify as a valid conversion.
10. Custodial accountholder 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.

Your Signature: _____

Date: _____