



Rollover/Direct Rollover Certification Form

NuView IRA - Processing Office
280 S. Ronald Reagan Blvd., Suite 200
Longwood, FL 32750
P: (407) 305-0672 | F: (321) 926-1156
E: NewAccounts@NuviewTrust.com

This form documents the rollover of your asset to NuView IRA. NuView IRA will not initiate the rollover. Contact your current custodian to roll over your assets to NuView IRA. For multiple transactions, please use a separate form for each. Use this form to:

- **Document** your rollover contribution to NuView IRA (take receipt of the assets for up to 60 days before reinvesting in a new retirement plan).
- **Document** your direct rollover contribution (move assets directly from your qualified retirement plan to a new retirement plan).

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 (if applicable)
Office Address:		City, State, Zip
Phone Number	Contact Name (optional)	Type of Plan you are rolling over from: <input type="checkbox"/> 401k or Other (PS, MP, DB, 403(b), 457) _____ <input type="checkbox"/> Traditional <input type="checkbox"/> Roth <input type="checkbox"/> SEP <input type="checkbox"/> SIMPLE <input type="checkbox"/> ESA <input type="checkbox"/> HSA

3 ROLLOVER DETAILS

The total amount I am rolling over is: \$ _____ This is a: Indirect Rollover Direct Rollover (please check one)

I am an eligible person to perform this transaction: (Select one)

Plan Participant Spouse beneficiary of account Non-spouse beneficiary of account Responsible Individual

Ex-spouse of account due to divorce/legal separation

ROLLOVER INSTRUCTIONS TO RESIGNING CUSTODIAN

To roll over CASH, please follow the instruction below. Contact our office for wire instructions.

Cash: Please make check payable to: **NuView IRA**

To roll over INVESTMENTS (Private Stock, Real Estate, LLCs, Notes, etc.), please complete the asset description below and contact us regarding the re-registration of your investment.

Asset Description	Amount

4 SIGNATURE AND ACKNOWLEDGEMENT

I hereby agree to the terms and conditions set forth in this Rollover form and acknowledge having established a Self-Directed Account through execution of an account application. I understand the rules and conditions applicable to either a Rollover or a Direct Rollover. I qualify for the Rollover or Direct Rollover of the assets listed in the Asset Liquidation above and authorize such transactions. If this is a Rollover or Direct Rollover, I have been advised to see a tax advisor due to the important tax consequences of rolling assets into a self-direct account. If this is a Rollover or Direct Rollover, I assume full responsibility for this Rollover or Direct Rollover transaction and will not hold the Plan Administrator, Custodian or Issuer of either the distributing or receiving plan liable for any adverse consequences that may result. I understand that no one at NuView IRA or any of its licensees has authority to agree to anything different than my foregoing understandings of NuView IRA policy. If this is a Rollover or Direct Rollover, I irrevocably designate this contribution of assets with the above stated value as a rollover contribution. 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. **If this is an Indirect Rollover, I further certify the following by signing this form:**

A. This rollover contribution is being made within 60 days after my receipt of funds from another IRA.

B. During the 12-month period prior to my receipt of the distribution being rolled over, I have not received a rollover distribution from any IRA which was subsequently rolled over to another IRA.

C. I am not rolling over any Required Minimum Distributions with respect to the distributing plan.

Your Signature: _____ Date: _____