

Non-ACAT Transfer Request

► Email to: transfers@iraclub.com

Reminder: IRA Club requires all accounts to maintain a minimum balance of \$500.

Please provide your current IRA administrator with liquidation instructions prior to submitting this form.

1. IRA CLUB ACCOUNT OWNER

	AME	SOCIAL SECURITY NUMBER	IRA CLUB ACCOUNT NUMBER	
DELIVERI	NG FIRM INFORMATION			
You must su	bmit a copy of the delivering firm's account	statement with this request.		
FIRM NAME / C	CUSTODIAN NAME	ACCOUNT NUMBER		
ADDRESS		ACCOUNT TYPE / REGISTRATION		
PHONE NUMBER		FAX NUMBER	FAX NUMBER	
ı	R INSTRUCTIONS I am aware of IRA Club's \$500 minimo	·		

IRA Club 67 E Madison St Suite 1510 Chicago, IL 60603

NOTE: funds received via check are available in 3 business days

Meridian Bank, Malvern, PA ABA # 031918828 Account # 4024840 FBO: IRA Club, LLC Reference: IRA Club Account #

5. CLIENT AUTHORIZATION AND SIGNATURE

By my signature below,

- I instruct my current IRA administrator to transfer the described funds to IRA Club as successor administrator.
- I assume sole responsibility for determining the eligibility for rollover distributions from another qualified plan or retirement account, whether performed as a trustee-to-trustee transfer or indirect rollover.

	ACCOUNT OWNER'S SIGNATURE	DATE SIGNED
Sign Here		