



**IMPORTANT! CONTACT YOUR CURRENT PLAN ADMINISTRATOR TO SEE IF THEY REQUIRE THEIR OWN PAPERWORK**

**GOLDSTAR IRA ACCOUNT OWNER**

Name: \_\_\_\_\_ SS #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_  
E-mail: \_\_\_\_\_

**CURRENT ROTH IRA INFORMATION**

*Please provide a copy of a recent statement from your current Roth IRA custodian.*

Custodian's Name: \_\_\_\_\_ Account #: \_\_\_\_\_  
Custodian's Address (physical if overnight): \_\_\_\_\_  
City, State, & Zip \_\_\_\_\_ Phone #: \_\_\_\_\_

**ASSET LIQUIDATION INSTRUCTIONS**

Asset Description	Quantity in IRA	Quantity To Be Transferred	Liquidate Immediately	Liquidate at Maturity	Transfer In-Kind
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SELECT ONE:**  Close my current account after transfer **OR**  Partial transfer

**SELECT ONE:**  Wire my funds to GoldStar Trust Company. I acknowledge that a wire fee may be charged by my current custodian.  
 Send a check payable to GoldStar Trust Company (for the benefit of my IRA).

**THIS BOX FOR INTERNAL USE ONLY**

GoldStar Trust Company agrees to serve as the new Custodian for the account of the above-named individual, and as Custodian, we agree to accept the assets being transferred.

GoldStar Account Identification # \_\_\_\_\_

GoldStar Trust Company  
Tax ID# 74-2557688

\_\_\_\_\_  
Authorized Signature for GoldStar

\_\_\_\_\_  
Date

**SIGNATURE GUARANTEE:** Check with your current custodian to determine if a Medallion Stamp Guarantee is required. This is NOT a requirement of GoldStar Trust Company.

**CUSTOMER SIGNATURE**

I authorize the transfer of the Roth IRA assets in the manner described above and certify that all of the information provided by me is correct and may be relied upon by GoldStar Trust Company.

I understand that I am responsible for determining my eligibility to transfer within the limits set forth by tax laws, related regulations and plan agreements. I assume responsibility for any tax consequences or penalties that may apply to the transfer of these assets and I agree that the Trustee or Custodian shall in no way be held responsible.

X \_\_\_\_\_

Account Holder's Signature

\_\_\_\_\_  
Date