Transfer Request Form

IRA to IRA Transfer

(877) 806-7362 | team@altscustodian.com



Account Owner Information		
Account Holder Name	Date Of Birth (Optional) (MM/DD/YYYY)	
Last 4 digits of SSN (####)		
Account you are transferring from:	Alts Custodian account to receive your transfer:	
Custodian Name	Custodian Name	
	Alts Custodian, Inc.	
Account Number	Account Number	
Account Name	Account Name	
Account Type	Account Type	
Assets Being Transferred		
☐ Check if account is being transferred in full		
Cash Amount	Send Cash Via	
	□ ACH □ Check □ Wire	
Transfer Assets In-Kind We can't accept in kind real estate of	or precious metals transfers	
Asset Name	Fair Market Value	
Asset Name	Fair Market Value	
Asset Name	Fair Market Value	
☐ Check if additional assets are listed on an attached addendum		
How should we submit this request to your Custodian?		
These requirements need to be checked with your current custodian, as they might depend on the total amount being transferred		
☐ My Custodian requires a medallion stamp		
☐ My custodian requires the original form with wet signatures and won't accept a photocopy		
If you checked any box above, please select a mailing option. Otherwise, follow the guidance from your custodian. Note that electronic requests are processed faster than mailed forms. Please select only one option.		
□ Send request by email Email		
□ Send request by fax Fax		

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☐ Send request by mail	☐ Expedited Delivery (see Fee Schedule)	
Address line 1	Address line 2	
City	State	ZIP Code
Funds Delivery Instruction	ens	
Checks	In-Kind Assets Documentation	
Payable To:		
Memo:		
Mail Check To:		
Please specify ACH or Wire description as		
Wire	ACH	
Routing Number:		Number:
Account Number:	_	t Number:
ACCOUNT HOLDER SIGNATURE		
	provide a Medallion Signature Guarantee.	Authorized Officer to Place
Authorized Officer to Place "Medallion Signature Guarantee" Stamp Here		"Medallion Signature Guarantee" Stamp Here
A signature guarantee can be obtained from your bank		
Guarantee, you can simply	n does not require a Medallion Signature sign and date this form.	
,	hed or will establish a Self-Directed Account	
with the Custodian named below. I agree to the terms of this form. I understand that I am responsible for determining my eligibility for all		
	demnify and to hold the Custodian harmless tions arising from an ineligible transfer. I	
acknowledge that the Custo	odian cannot provide legal advice and I agree	
to consult with my own tax p	orofessional for advice.	
Signature of Account Holde	er Date	
Letter of Acceptance of The Receiving Custodian		
Alts Custodian accepts the appointment as successor custodian on behalf of the depositor and requests the transfer and/or liquidation of assets as instructed above.		
Alts Custodian, Inc.		
Authorized Signature:		Date:

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