



IRA ROLLOVER CERTIFICATION

For funding IRA accounts with
Solera National Bank as custodian

Instructions: Fill out each section completely, then read and sign the acknowledgement to certify the rollover designation. Please be aware that completing this form does not initiate the IRA rollover process. The verifying of eligibility and requesting of valid rollover funds is the sole responsibility of the customer.

SECTION 1 SOLERA PLAN INFORMATION

Solera IRA Account Number: _____ Solera IRA Type: _____

Owner Name: _____ SSN: _____ Date of Birth: _____

Owner Address: _____

City: _____ State: _____ Zip: _____ Primary Phone: _____

SECTION 2 DISTRIBUTING INSTITUTION INFORMATION

Name of Institution: _____

Distributing Institution Type: _____ Distributing Institution Number: _____

SECTION 3 ROLLOVER DELIVERY INFORMATION

Incoming Funds Delivery Method*: Check Wire Transfer Other _____

Incoming Funds Amount (choose one and complete amount):

Full Balance Estimated Amount \$ _____

Partial Balance Exact Amount \$ _____

*Refer your current Custodian to the IRA Delivery Instructions document for check or wire transfer delivery instructions.

SECTION 4 ELECTION AND CERTIFICATION

I irrevocably elect to treat this contribution to the listed IRA as a rollover for all legal and tax purposes (required).

By signing below, I certify that the information on this form is true and correct to the best of my knowledge, and that Solera National Bank and my Distributing Custodian may rely on what I have provided. I accept all responsibilities regarding this rollover, including eligibility requirements, initiation duties, and tax withholding. I have been advised to consult a competent advisor for legal and tax advice and have not been provided any such advice from Solera National Bank. I agree to indemnify and hold harmless Solera National Bank from any consequences related to this rollover.

Account Owner Name _____ Account Owner Signature _____ Date _____

