VICTORY COMMUNITY BANK

Traditional, Simple, & Roth IRA Transfer Request

Ph. 859-384-5513
Fax 859-384-5510

IRA HOLDER'S NAME & ADDRESS (Transferring IRA)			CURRENT IRA TRUSTEEE'S NAME & ADDRESS		
CUSTOMERS NAME			GOING TO BANK		
Social Security #	**Date of Birth**	**Home Telephone**	**IRA Acct #**	**Type of IRA**	**Trustee's Phone #**

BENEFICIARY NAME & ADDRESS			
Social Security #	**Date of Birth**	**Phone**	**Relationship**

TRANSFER INSTRUCTIONS

Transfer __X__ all or _part of the IRA in the following manner.
This is a _X_one-time request or ☐standing request to the amount of:
$ _____☐bi-weekly ☐monthly ☐quarterly ☐annually

This transfer should be place in: __Traditional IRA __Simple IRA
__Roth IRA
This transfer: _X_ will or __will ***not*** close IRA

ASSET LIQUIDATION INSTRUCTIONS

Asset Description	Amt in IRA	Amt to be transferred	Liquidate Immediately	Liquidate at Maturity	Transfer in Kind

TRANSFER INSTRUCTIONS FOR REQUIRED MINIMUM DISTRIBUTION (RMD)

I authorize the Trustee name above to:
☐ distribute my RMD to me prior to transferring my IRA assets,
☐ segregate & retain my RMD amount, or
☐ include amount that represents my RMD in transfer

SIGNATURE OF IRA HOLDER OR BENEFICIARY

I authorize the transfer of the IRA assets in the manner described about and certify that's all of the information provided by me is correct and may be relied upon by the Trustee or Custodian.

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. Further, I understand that a transfer from a SIMPLE IRA to a SIMPLE IRA on a more frequent basis than monthly from a Designated Financial Institution, or a change in my transfer request outside my election period, may result in costs or penalties. I understand that special rules apply to SIMPLE IRA to Traditional IRA transfers. I assume responsibility for any tax consequences or penalties that may apply to the transfer of my assets.

_____ _____
(IRA Holder's or Beneficiary's Signature) (Date)

_____ _____
(Notary Public/Signature Guarantee) (Date)

ACCEPTIING IRA TRUSTEE OR CUSTODIAN

Our organization agrees to serve as the new Trustee or Custodian for the account of the above named individual, and as Trustee or Custodian, we agree to accept the assets being transferred.

New IRA account #:_____

Victory Community Bank
2500 Chamber Center Dr
Ft Mitchell, KY 41017

_____ _____
(Signature of New Trustee) (Date)