

Account # _____

Advisor Code _____

Case # _____

1 ACCOUNT OWNER INFORMATION

Name (First, Middle Initial, Last):	Social Security Number:
Primary Telephone Number:	Date of Birth:

2 CONVERSION TO ROTH IRA

Convert my IRA account number _____ to my Roth IRA account number _____

Roth conversions are irrevocable and are not eligible to be recharacterized. A valid Roth IRA is required to be established prior to completing a Roth conversion. If you will reach the RMD Age by December 31 of the current year, a Required Minimum Distribution (RMD) must be satisfied prior to requesting a Roth conversion. **Check here if you have satisfied the Required Minimum Distribution (if applicable)**

- Client On Demand Distribution Authority.** Checking this box allows you to verbally request one-time conversions in any amount at any time if they adhere to the tax withholding and payment method selected on this form.
- Advisor On Demand Distribution Authorization.** By checking this box and signing below, I authorize my Advisor to verbally request one-time conversions in any amount at any time if they adhere to the tax withholding and payment methods I have selected on this form. I understand that I can terminate or change these instructions at any time by contacting TD Ameritrade. I hereby agree to indemnify and hold harmless TD Ameritrade, Inc., its affiliates and their directors, officers, employees, and agents from and against all claims, actions, costs, and liabilities, including attorneys' fees, arising out of or related to reliance on this authorization and TD Ameritrade's execution of Advisor's instructions and to pay promptly on demand any and all losses arising therefrom or debit balance due thereon.

3 CONVERSION INFORMATION

- I wish to convert my entire account to my Roth IRA*.
- I wish to convert the following assets to my Roth IRA. Cash in the amount of \$ _____
- Partial conversion of the following securities*:
* the valuation of the securities is based on the prior day's closing price as of the date of processing.

Quantity of Shares:	Name of Asset:
Quantity of Shares:	Name of Asset:
Quantity of Shares:	Name of Asset:
Quantity of Shares:	Name of Asset:

4 TAX WITHHOLDING ELECTION (PLEASE INDICATE BY CHECKING A BOX FOR FEDERAL AND STATE)

- A. Federal Withholding**
Please note: If no withholding is indicated, we will not withhold federal taxes.
 Please withhold taxes from my distribution at a rate of: _____ % or \$ _____. Withholding amount cannot be less than 10% of total distribution. (Please note: Any amounts withheld for taxes and not replaced into your Roth IRA within 60 days will be considered a distribution and may be subject to a 10% early-withdrawal penalty if you are under age 59½.)
- B. State Withholding**
Please note: If no withholding is indicated, we will not withhold state taxes.
 Please withhold taxes from my distribution at a rate of: _____ % or \$ _____. I declare my permanent state of residence is (state): _____, and that my election should reflect the requirements of that state.
Please note: TD Ameritrade Clearing, Inc. advises you to contact your tax professional before making any election regarding state withholding elections. State law is subject to change, and TD Ameritrade Clearing, Inc. is not responsible for changes in state law that occur after the publication date of this form.

5 AGREEMENT — BY SIGNING THIS AGREEMENT, I ACKNOWLEDGE THAT:

I understand that, subject to the provisions of the Agreement, I have full discretion and control over the form of payment or payments of the entire balance in the Account. I shall exercise control by directing that such payment or payments be made as described above, and the Custodian shall have no responsibility or liability with respect to the choice of any such form of payment or payments. I attest that I am the proper party to receive payment(s) from this IRA and that all information provided by me on this form, including supplemental material, is true and accurate. I certify that no tax advice has been given to me by TD Ameritrade Clearing, Inc. and that all decisions regarding this withdrawal are my own. I expressly assume responsibility for any adverse consequences which may result from the withdrawal; and I indemnify and hold harmless TD Ameritrade, Inc. and TD Ameritrade Clearing, Inc. and their divisions, officers, employees, directors, representatives, owners, affiliates, successors, and assigns. Please note if no date is indicated below, the withholding election will default to receipt date of the form. I understand that all Roth Conversions are irrevocable and cannot be recharacterized.

Printed Name: _____

X Signature: _____ Date: _____



Mailing Address:
TD Ameritrade Institutional
PO BOX 650567
Dallas, TX 75265-0567

Investment Products: Not FDIC Insured * No Bank Guarantee * May Lose Value

TD Ameritrade Institutional, Division of TD Ameritrade, Inc., and TD Ameritrade Clearing, Inc., members FINRA/SIPC, are subsidiaries of The Charles Schwab Corporation. TD Ameritrade is a trademark jointly owned by TD Ameritrade IP Company, Inc., and The Toronto-Dominion Bank.
©2021 Charles Schwab & Co. Inc. All rights reserved.