

IN-KIND ROLLOVER PROCEDURES



Prior to accepting the rollover request, Quest Trust Company will review the investment documents to ensure the asset is compliant with our internal requirements and all applicable IRS regulations.

DOCUMENTS TO START THE ROLLOVER PROCESS:

- ☐ Quest Trust Company Rollover Form
- ☐ In-Kind Asset Questionnaire
- ☐ Current Account Statement from your Custodian
- ☐ Copies of the original investment documents (see questionnaire for more details)
- ☐ Draft of re-registration documents (see questionnaire for more details). If your custodian does not handle the re-registration of your asset, you will need to provide Quest with a draft of your re-registration document for review. Please do not sign or record the re-registration document before they have been reviewed by Quest.

Please be aware an asset is not formally accepted until Quest receives all completed re-registration documents.

Note: Quest Trust Company (QTC) is the legal entity in administration of the IRA and thus must sign on behalf of the IRA. QTC CANNOT sign anything without the client's written approval. Client must sign **"Read & Approved"** on each page that requires a signature or initial from Quest Trust Company. Once all the proper documents are signed, QTC will work with your current custodian to transfer over your asset.

FORMS COMPLETED?

Submit your documents electronically through the secured document upload. Simply use the link below or scan the QR code!

[UPLOAD.QUESTTRUSTCOMPANY.COM](https://upload.questtrustcompany.com)



Please use this form to document your incoming rollover contribution from an existing employer sponsored plan, IRA, HSA or CESA. Quest Trust Company will NOT initiate the rollover. You must contact the custodian of your current retirement plan to begin the process. This form simply documents the funds that will be received into your account are a valid rollover contribution.

A ACCOUNT HOLDER PERSONAL INFORMATION

Account Holder's Name:	Quest Trust Company Account Number:
Legal Address:	City, State, Zip Code:
Phone Number:	Social Security Number:

B FORMER CUSTODIAN/TRUSTEE INFORMATION

Name of Custodian/Trustee:	Former Custodian/Employer Plan Account Number:
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These funds are currently in a:

☐ Traditional IRA
 ☐ Roth IRA
 ☐ SEP IRA
 ☐ SIMPLE IRA
 ☐ HSA
 ☐ Coverdell ESA
 ☐ Other (401k, 403B, TSP, TRS)

C ROLLOVER INFORMATION

These funds are rolling into a:

☐ Traditional IRA
 ☐ Roth IRA
 ☐ SEP IRA
 ☐ SIMPLE IRA
 ☐ HSA
 ☐ Coverdell ESA

Rollover Cash Amount (approximate if amount is unknown): _____

This is a: ☐ Complete Rollover ☐ Partial Rollover

I am an eligible person to perform this transaction: (check one box)

☐ Plan Participant/Account Holder
 ☐ Responsible Individual (ESA)
 ☐ Beneficiary of Account

To send funds via wire:

To send funds via check:

Funds available within 24 hours of receipt.

Funds available after 5-business day hold on checks.

Wire/ ACH to:

Frost Bank
San Antonio, TX
Routing Number: 114000093

Make checks payable to:

Quest Trust Company FBO [Account Holder's Name] [Account Number]

Please mail to:

Quest Trust Company, 17171 Park Row, Suite 100, Houston, TX 77084

For Credit to:

Quest Trust Company
17171 Park Row, Suite 100
Houston, TX 77084
Account Number: 560065765

For Further Credit to:

Account Holder Name
Account Number

Complete this section if you are rolling over assets in-kind. Rolling over assets "in-kind" refers to the process of re-registering an asset with the proper vesting for your QTC account. Please complete the section below and contact us regarding the re-registration of your investment.

Asset Description

Fair Market Value (FMV)

D ROLLOVER CERTIFICATIONS

Depending on the type of Rollover contribution being made to my account, I make the following certifications:

Rollover from Another IRA (or Another SIMPLE IRA)

If this is a Rollover contribution from another IRA or SIMPLE IRA, I certify that the following statements are true and correct:

1. This rollover contribution is being made within 60 days after my receipt of funds from another IRA, in which I was either the participant or surviving spouse beneficiary, or in the case of a distribution from an IRA due to a first time home buyer which is being rolled into this IRA because of a delay in the acquisition of the first time home. This rollover contribution is being made within 120 days after my receipt of funds from the distributing IRA.

D ROLLOVER CERTIFICATIONS

- During the 12-month period prior to my receipt of the distribution being rolled over, I have not received a distribution from the same IRA which was subsequently rolled over to another IRA, and the distribution being rolled over has not been part of a distribution from another IRA that was subsequently rolled over. (This rule does not apply to a delay in the acquisition of a residence for a first time home buyer.)
- I am not rolling over any required minimum distributions with respect to the distributing IRA plan.
- If this rollover contribution represents a distribution from a SIMPLE IRA and I have not participated in my employer's SIMPLE Plan for 2 years, this rollover contribution is being made into another SIMPLE IRA.

Rollover/Direct Rollover from an Employer Plan

If this is a Rollover or Direct Rollover contribution from an Employer Plan, I certify that the following statements are true and correct:

- The undersigned certifies that my employer's qualified plan, qualified annuity, 403(b) plan, governmental 457(b) plan, or the Federal Employees' Thrift Savings Plan has made or will make an Eligible Rollover Distribution which is either being paid in a Direct Rollover to the Custodian of my IRA, or paid directly to me which I am rolling over no later than the 60th day after receiving the Eligible Rollover Distribution.
- This Rollover/Direct Rollover is not part of a series of payments over my life expectancy or over a period of 10 years or more.
- This Rollover/Direct Rollover does not include any required minimum distributions with respect to the employer's plan.
- This Rollover/Direct Rollover does not include a hardship distribution, a corrective distribution, or a deemed distribution of a default from any employer's plan.
- I certify that I am eligible to establish an IRA with this Rollover/Direct Rollover of an Eligible Rollover Distribution, and that I am one of the following: the plan participant, the surviving spouse of the deceased plan participant; or the spouse or former spouse of the plan participant under a Qualified Domestic Relations Order.
- I certify that this Rollover/Direct Rollover does not contain a distribution from a Designated Roth Contribution Account.

Additional Information for Rollovers On or After Required Beginning Date (RBD)

I understand that if I was born before July 1, 1949, my RBD is the date I attain age 70 ½, and if I was born on or after July 1, 1949, my RBD is the date I attain age 72.

If I am subject to Required Minimum Distributions (RMDs), I certify that this Rollover contribution does not include any RMD from the distributing plan, or I certify that I have already satisfied my Required Minimum Distribution for the IRA being rolled over from another IRA.

Rollover from Another Roth IRA

If this is a Rollover contribution from another Roth IRA, I certify that the following statements are true and correct:

- This rollover contribution is being made within 60 days after my receipt of funds from another Roth IRA in which I was either the participant or surviving spouse beneficiary. In the case of a distribution from a Roth IRA due to a first time homebuyer which is being rolled into this Roth IRA because of a delay in the acquisition of the first time home, this contribution is being made within 120 days after my receipt of funds from the distributing Roth IRA.
- During the 12-month period prior to my receipt of the distribution being rolled over, I have not received a distribution from the same Roth IRA, which was subsequently rolled over to another Roth IRA, and the distribution being rolled over has not been part of a distribution from another Roth IRA that was subsequently rolled over. (This rule does not apply to a delay in the acquisition of a residence for a first time homebuyer)

Conversion from Traditional IRA to Roth IRA

If funds for this Rollover contribution were distributed from a traditional IRA and are being contributed to a Roth IRA, I certify that this conversion contribution is being made within 60 days after my receipt of funds from my traditional IRA.

Rollover from a Designated Roth Contribution Account

If this is a Direct Rollover or a 60-day Rollover contribution from the Designated Roth Contribution Account under my employer's §401(k) or §403(b) plan, I certify that the following statements are true and correct:

- I certify that my employer's qualified §401(k) plan or §403(b) plan has made or will make an Eligible Rollover Distribution that is either being paid in a Direct Rollover to the Custodian of my Roth IRA, or paid directly to me that I am rolling over to my Roth IRA no later than the 60th day after receiving the Eligible Rollover Distribution.
- This rollover/direct rollover solely represents all or a portion of my Designated Roth Contribution Account under the employer's plan and no other account under the employer's plan is being rolled over to my Roth IRA.
- This rollover/direct rollover is not part of a series of payments over my life expectancy or over a period of 10 years or more.
- This rollover/direct rollover does not include (1) any Required Minimum Distribution with respect to the employer's plan; (2) any hardship distribution; (3) any corrective distribution; or (4) any deemed distribution from an employer's plan.
- I certify that I am eligible to establish a Roth IRA with this rollover/direct rollover of an Eligible Rollover Distribution from a Designated Roth Contribution Account, and that I am one of the following: the plan participant; the surviving spouse of the deceased plan participant; the spouse or former spouse of the plan participant under a Qualified Domestic Relations Order; or a non-spouse beneficiary but only if this is a direct rollover to an Inherited Roth IRA.

Rollover Conversion from an Employer's Plan to Roth IRA

If this Rollover contribution is a conversion from an Employer's Plan to a Roth IRA, I certify that the following statements are true and correct:

- This rollover conversion contribution is being made within 60 days after my receipt of funds from my employer plan or is being paid in a direct rollover.
- I understand that the taxable portion of this rollover conversion is includible in my gross income.
- I certify that I am eligible to make a conversion.

Rollover Contribution of the Military Death Gratuity and SGLI Payments

If this is a Rollover contribution of the Military Death Gratuity and SGLI payments, I certify that the following statements are true and correct and that I am the recipient of one or both of the following eligible rollover payments:

- This rollover contribution is being made within one year after my receipt of a military death gratuity payment and does not exceed \$100,000.
- This rollover contribution is being made within one year after my receipt of a SGLI payment and does not exceed \$400,000.

D ROLLOVER CERTIFICATIONS

Rollover Contribution into HSA from another HSA

If this is a rollover contribution from another HSA or an Archer MSA, I certify that the following statements are true and correct:

1. This rollover contribution is being made within 60 days after my receipt of funds from another HSA or an Archer MSA, in which I was either the participant or surviving spouse beneficiary.
2. During the 12-month period prior to my receipt of the distribution being rolled over, I have not received a distribution from the same HSA which was subsequently rolled over to another HSA, and the distribution being rolled over has not been part of a distribution from another HSA that was subsequently rolled over.

Rollover Contribution into Coverdell ESA from another Coverdell ESA

If this is a rollover contribution from another ESA, I certify that the following statements are true and correct:

1. This rollover contribution is being made within 60 days after the distribution from another Coverdell Education Savings Account in which the above-named Designated Beneficiary was either the original Designated Beneficiary or is an eligible family member of the original Designated Beneficiary.
2. During the 12-month period prior to this distribution being rolled over, the Designated Beneficiary has not received a distribution from the same Coverdell Education Savings Account which was subsequently rolled over to another Coverdell Education Savings Account, and the distribution being rolled over has not been part of a distribution from another Coverdell Education Savings Account that was subsequently rolled over.
3. The property received in the distribution from the distributing Coverdell Education Savings Account is the same property being rolled over into this Coverdell Education Savings Account.
4. This rollover contribution did not come from a Traditional, SEP, SIMPLE or Roth IRA or from a qualified plan, qualified annuity, 403(b) plan or 457 plan.
5. If this rollover is a Military Death Gratuity or SGLI Payment, it is being rolled over within one year after the payment was received.

Rollovers of Qualified Disaster Distributions

If this Rollover contribution is from a qualified disaster distribution, I certify that the following statements are true and correct:

1. I am rolling over a qualified disaster distribution that I am permitted to roll back into an eligible retirement plan and
2. This rollover is being made not later than the three (3) year period measured from the day after I received the qualified disaster distribution.

E ACCOUNT HOLDER SIGNATURE

The undersigned hereby irrevocably elects, pursuant to IRS Regulation 1.402(a)(5)-1T, to treat this contribution as a rollover contribution. I acknowledge that due to the complexities involved in the tax treatment of rollovers between IRAs, conversions from Traditional IRA and Roth IRAs and employer plans, rollovers from a Designated Roth Contribution Account under an employer's plan and rollovers of the military death gratuity and SGLI payments, Quest Trust Company has recommended that I consult with my tax advisor or the IRS before completing this transaction to make certain that this transaction qualifies as a valid contribution and is appropriate in my individual circumstances. I understand that these transactions are reported to the IRS and I acknowledge that I am responsible for record keeping Roth IRA contribution information as directed by the IRS. I hereby release Quest Trust Company, as my custodian, from any claim for damages on account of the failure of this transaction to qualify as a valid rollover contribution or conversion.

Client Signature: _____ Date: _____

INSTRUCTIONS

- This form should be used by all clients transferring or rolling over assets In-Kind to Quest Trust Company (QTC). Please complete one form for each incoming asset. This form is not required for transfers of cash.
- Additional documentation will be required prior to initiating this transfer request to ensure the investment is compliant with our internal guidelines and all applicable IRS regulations.
- Note: There will be a \$125 transaction fee for each asset being transferred. Our annual or quarterly fees will begin to be assessed after your assets have been transferred in.

A ACCOUNT HOLDER PERSONAL INFORMATION

Account Holder's Name:

Quest Trust Company Account Number:

B INVESTMENT DETAILS

Name of Investment:

Investment Description (Real Estate/Promissory Note/Private Entity):

Please complete this section if investment is private stock.

Will private entity issue stock certificate: ☐ No ☐ Yes (please specify type) Type of Stock Certificate: ☐ Physical ☐ Book Shares ☐ Digital Shares

C STATUS OF IN-KIND ASSET

Check all that apply to in-kind asset:

- ☐ The company is in bankruptcy, is pending bankruptcy proceedings, or is no longer in business
- ☐ The company is under investigation by a government entity, such as the IRS, SEC, or FBI
- ☐ This note has defaulted or matured or I am not receiving payments on this note pursuant to the agreement
- ☐ None of these apply

D REASON FOR ROLLOVER (COMPLETE IF ASSET WAS PREVIOUSLY DISTRIBUTED)

Check all that apply to in-kind asset:

- ☐ This investment was distributed from my previous custodian for non-payment of fees
- ☐ This asset was distributed from my previous custodian for failure to provide annual fair market valuations (FMVs)
- ☐ My previous custodian resigned from holding this investment
- ☐ Other: _____

E DISQUALIFIED PERSONS (PARTIES IN INTEREST) STATEMENT

Please answer the following questions as it relates to these individuals: you, your spouse, your children or other direct descendants or their spouses, or your parents or other direct ascendants.

- Are any of the above mentioned individuals an officer, director, or employee of the investment entity or any affiliate of the investment entity?
☐ Yes ☐ No
- Do any of the above mentioned individuals currently own any percentage of the investment or any affiliate of the investment entity?
☐ Yes ☐ No
- Will any of the above mentioned individuals or entities under their control collectively own a majority or controlling interest in this asset?
☐ Yes ☐ No
- Have any of the above mentioned individuals received, or will receive, a personal gain or benefit as a result of this asset?
☐ Yes ☐ No

If yes to any of the questions above, please explain: _____

F FAIR MARKET VALUATIONS (FMV)

Updated Annual Valuation: The Internal Revenue Service (IRS) requires that the value of all assets in my account must be updated annually at the end of each calendar year, including this asset I intend to roll or transfer in. To satisfy this requirement, please review the following options available:

- ☐ I will obtain an independent qualified valuation and provide it to Quest Trust Company (QTC) when requested. *
- ☐ I authorize Quest Trust Company to obtain a qualified valuation as outlined above. I understand and agree that the charge for this service will be the cost of the valuation plus \$75. **

*By making this election, I agree to provide the prior year-end value of this investment by no later than January 15th of each year on a form provided by the Custodian, with substantiation attached to support the value provided.

**Please note that QTC will, to the best of our abilities, attempt to obtain the annual valuation for this asset by utilizing the information you have provided on this form. However, if QTC is unable to collect the information, we will notify you and a fee will not be assessed. In addition, this authorization only covers annual fair market valuations. You are responsible for providing the valuation related to any taxable events (e.g. in-kind distribution or Roth conversion). Please provide the contact information for the person who can best provide valuation information for this asset below.

Third Party Contact Name:	Contact Role:
Mailing Address:	Phone Number:
Contact E-mail Address:	Date Investment/Entity was Established (mm/dd/yyyy):

G EXECUTED DOCUMENTS ACKNOWLEDGEMENT

Quest Trust Company requires fully executed documents to hold any asset in your account. Fully executed documents are documents that have been signed by all parties. The reason we require these documents is because they prove, legally, that your IRA owns the aforementioned investment. If we do not receive these documents within 30 days of transferring in your investment, we may, at any time, distribute the asset out of your IRA and back to you, personally, at full face value.

I acknowledge and ensure that QTC will receive fully executed documents within 30 days of the transfer of this investment. I agree and understand that failure to submit these documents may lead to distribution of the asset at full face value.

H ACCOUNT HOLDER SIGNATURE

I understand that Quest Trust company will fully rely on my representations above. I reaffirm my understanding that the terms of the IRA Custodial Account Agreement, Article IX, apply to assets being transferred or rollover over in-kind from a previous custodian.

Client Signature: _____ Date: _____

ASSET BEING TRANSFERRED

Private Entity Investments:

Limited Liability Company (LLC)

- Operating Agreement
- Private Placement Memorandum (if applicable)
- Subscription agreement with investors questionnaire from initial purchase
- Contact information for managing member (name required at least)
- Private Placement Instruction Letter (QTC Form)
- Re-registration Letter

Limited Partnership

- Limited Partnership Agreement signed by account holder
- Private Placement Memorandum (if applicable)
- Contact information for managing member
- Private Placement Instruction Letter (QTC Form)
- Re-registration Letter

Trust

- Trust Agreement
- Assignment of Beneficial Interest
- Private Placement Instruction Letter (QTC Form)

Joint Venture

- Joint Venture Agreement
- Re-registration letter
- Private Placement Instruction letter (QTC Form)

Private Stock

- Stock Purchase Agreement or Stock Certificate
- Stock Power (if there is a stock certificate)
- Registration Letter (if no stock certificate)
- Contact information for managing member
- Private Placement Instruction Letter (QTC Form)

Promissory Notes:

Secured Note

- Copy of the original note and any modifications and extensions.
- Deed of Trust/Mortgage
- Amortization Schedule (if applicable)
- Assignment of the Note and Transfer of Lien (if secured by real estate)
- Assignment of the Note and Assignment of Security/Agreement (for all other collaterals)

Unsecured Note

- Copy of the original note and any modifications and extensions
- Amortization Schedule (if applicable)
- Assignment of the Note

Real Estate:

Real Estate

- Current warranty deed
- New deed that will transfer ownership of property
- Nonrecourse loan documents (if applicable)
- Note and Deed of Trust
- Transfer of Lien for the nonrecourse loan

Tax Liens

- Evidence of ownership from the county
- Assignment of Tax Lien

Important Information:

In order to have an asset accepted, all investment documents must be titled in the following format:

Quest Trust Company FBO [Account Holder's Name] [IRA or HSA or CESA] #[Account Number]