



# IN-KIND INVESTMENT OR EXCHANGE REQUEST

Complete Sections B & C1 to move assets from your IRA LLC to your IRA account.  
Complete Sections C & C1 of this form if you wish to exchange an asset currently held in your IRA with another asset.

Return by regular or overnight mail: 1688 Meridian Avenue, Suite 504, Miami Beach, FL 33139  
For inquiries, call: 800-472-1043 or visit IRAFINANCIALTRUST.COM

## A. IRA OWNER IDENTIFICATION

FULL NAME \_\_\_\_\_ PHONE NO. \_\_\_\_\_ ACCOUNT NUMBER \_\_\_\_\_

## B. IN-KIND INVESTMENT / ASSET MOVEMENT INSTRUCTIONS

I wish to move assets (select one): From my IRA to my IRA LLC From my IRA LLC to my IRA  
\* Please complete Section C1

FOR INTERNAL USE ONLY

Name of IRA LLC: \_\_\_\_\_

Move the following assets:

Asset Name	Amount	Asset Name	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Need to list more assets? Attach a separate page and write "SEE ATTACHED" at the top of this form. The asset(s) listed above will be re-registered; a re-registration fee per asset applies. See the **FEE SCHEDULE & FINANCIAL DISCLOSURE**.

### FOR REAL ESTATE AND TRUST DEEDS:

If you are moving real estate and/or a trust deed, please prepare a deed and/or an Assignment of Deed of Trust to change the title and attach it to this form. We will execute the documents and return them to you for recording. Once the documents are recorded, please forward them to us as proof of re-registration.

### FOR PUBLICLY-TRADED SECURITIES:

**If moving assets from your IRA to your IRA LLC:** If the assets listed above are publicly-traded securities held in our brokerage account, please provide DTC instructions for your IRA LLC's brokerage account so we can transfer the securities to the brokerage account:

Brokerage Firm Name: \_\_\_\_\_ IRA LLC's Brokerage Account No.: \_\_\_\_\_ DTC No.\*\*: \_\_\_\_\_

**\*\*If you do not know the DTC number, please contact your brokerage firm for this information**

## C. EXCHANGE INSTRUCTIONS

Supporting documentation must be provided for all transfers.

Name of asset to be exchanged: \_\_\_\_\_ Amount/no. of shares: \_\_\_\_\_

Exchange asset listed above with the following asset: \_\_\_\_\_ Amount/no. of shares: \_\_\_\_\_

FOR CUSTODIAL USE ONLY

\* Section C1:

Name of Investment Sponsor/Managing Entity	Address
_____	_____
Telephone Number	Fax Number (optional)
_____	_____
	Email Address
	_____

Exchange as of date (mm/dd/yy): \_\_\_\_\_

## D. PARTICIPANT SIGNATURE

IRA Owner Signature \_\_\_\_\_ Date (mm/dd/yy) \_\_\_\_\_