



# IN-KIND TRANSFER SUPPLEMENTAL INFORMATION

Please complete and submit this form with the Transfer Authorization form if you are transferring assets in-kind.

Mail this form with TRANSFER AUTHORIZATION to: 221 South Phillips Avenue, Suite 206, Sioux Falls, SD, 57104  
Fax: 605-415-4296 | E-mail: info@IRAFinancialTrust.com | For inquiries, call: 800-472-1043 or visit IRAFINANCIALTRUST.COM

## A. IRA OWNER IDENTIFICATION

FULL NAME

PHONE NUMBER

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## B. CURRENT CUSTODIAN INFORMATION

Please provide the contact details for the custodian currently holding the asset(s) you wish to transfer. Complete one section per asset as listed on the Transfer Authorization form - Section C. Use additional pages if necessary.

**1** Name of Current Custodian \_\_\_\_\_ Street Address \_\_\_\_\_  
Telephone Number \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_  
Fax Number (Optional) \_\_\_\_\_ Email \_\_\_\_\_

**2** Name of Current Custodian \_\_\_\_\_ Street Address \_\_\_\_\_  
Telephone Number \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_  
Fax Number (Optional) \_\_\_\_\_ Email \_\_\_\_\_

**3** Name of Current Custodian \_\_\_\_\_ Street Address \_\_\_\_\_  
Telephone Number \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_  
Fax Number (Optional) \_\_\_\_\_ Email \_\_\_\_\_

**4** Name of Current Custodian \_\_\_\_\_ Street Address \_\_\_\_\_  
Telephone Number \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_  
Fax Number (Optional) \_\_\_\_\_ Email \_\_\_\_\_

**5** Name of Current Custodian \_\_\_\_\_ Street Address \_\_\_\_\_  
Telephone Number \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_  
Fax Number (Optional) \_\_\_\_\_ Email \_\_\_\_\_