



Roth Conversion Form

PLEASE ALLOW 7 -10 BUSINESS DAYS FOR PROCESSING

Incomplete paperwork will delay processing & additional fees may be incurred

Use this form to convert your current IRA or employer sponsored plan assets to a Roth IRA. Please note that this may be a taxable event, consult your tax advisor.

Trad IRA Account # _____

Roth IRA Account # _____

SEND TO:

MidAtlantic IRA, LLC

118 West Church Street
Frederick, Maryland 21701

240/575.3880 x960 office

301/695.6244 fax

distributions@MidAtlanticIRA.com

Account Information

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

SSN _____ PHONE _____

EMAIL _____

Conversion Information

CHOOSE ONE OF THE FOLLOWING:

☐ New Roth IRA - This is a conversion to a NEW Roth IRA. An Account Application must be attached.

☐ Existing Roth IRA - This is a conversion to an EXISTING Roth IRA.

-Existing Roth IRA Account Number: _____

CHOOSE ONE OF THE FOLLOWING:

☐ Full Conversion - Convert all assets held in the above account

☐ Partial Conversion - Convert the assets indicated below:

ASSET DESCRIPTION	DOLLAR AMOUNT

*A Fair Market Valuation (FMV) Form must be filled out by a 3rd party appraiser (including supporting documentation) within 90 days of conversion for each asset being converted.

Certification & Acknowledgement

I CERTIFY THAT THE FOLLOWING STATEMENTS ARE TRUE & CORRECT:

1. I certify that the information provided is true and correct to the best of my knowledge.
2. This conversion contribution is being made within 60 days after my receipt of funds from my Traditional IRA plan or Employer Sponsored plan, if applicable
3. I hereby irrevocable elect, to treat this transaction as a conversion as permitted under the IRS Regulations.
4. I certify that no tax advice has been given to me by the Administrator or Custodian and it is recommended that I consult with my tax advisor before completing this transaction.
5. I acknowledge that the distribution and conversion transactions will be reported to the IRS and will be taxed in the calendar year it is completed.
6. I expressly assume the responsibility for any adverse consequences which may arise from this conversion request and I agree that the Administrator and/or Custodian shall in no way be responsible for those consequences.
7. I hereby release the Administrator and/or Custodian from any claim for damages on account of the failure of this transaction to qualify as a valid conversion.

Please read the disclosure above the signature line before signing and dating.

CLIENT SIGNATURE: _____ DATE: _____