



**IRA ROLLOVER REQUEST FORM**

This form should be used when a request is made to issue the payment directly to another financial institution. If you want a lump sum distribution, please use another form called "IRA Complete Lump Sum Distribution Request Form with Tax Withholding." For split distributions, both forms must be used. *Please write legibly in capital letters.*

Participant Name:

Participant SSN:           Date of Birth:

Participant Address:

Account Number:

- I elect to receive a split distribution by which \_\_\_\_% is distributed to me and \_\_\_\_% is rolled over.
- I elect to receive a complete rollover of all of my available funds. .

**Please issue my check directly to the IRA or successor plan trustee indicated below:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_

I understand that the Direct Rollover election is irrevocable; I have verified that the trustee indicated above is an eligible retirement plan as defined by the IRS and that the successor plan has agreed to accept the Direct Rollover of my Cardinal Trust and Investments retirement plan funds.

I understand that a portion of my account may contain after-tax contributions and that my selected successor trustee shall accept after tax contributions if any.

\_\_\_\_\_  
Signature of the Participant

\_\_\_\_\_  
Date