



IRA TRANSFER REQUEST DUE TO DIVORCE OR SEPARATION

WHEN TO USE THIS FORM

Use this form to request a full or partial transfer of an Account Owner's interest in an IRA to a spouse or former spouse under a divorce or separation instrument described in subparagraph (A) of Internal Revenue Code sections 408(d)(6) and 71(b)(2). If the IRA is a Traditional IRA, the transfer can only be made to another Traditional IRA. If the IRA is a Roth IRA, the transfer can only be made to another Roth IRA.

All information and required signatures must be submitted on one form. Please do not send a copy of a divorce or separation instrument or QDRO to PENSCO Trust Company (PENSCO).

1. ACCOUNT OWNER INFORMATION (PLEASE TYPE OR PRINT)

First Name: _____ MI: _____ Last Name: _____
 To PENSCO Account Number: _____
 Phone: _____ Email Address: _____
 Social Security Number: _____ Birth Date: _____
 Financial Representative Name: _____ Phone: _____
 IRA type (choose one) Traditional Roth

2. SPOUSE OR FORMER SPOUSE INFORMATION

First Name: _____ MI: _____ Last Name: _____
 Phone: _____ Email Address: _____
 Social Security Number: _____ Birth Date: _____
 Financial Representative Name: _____ Phone: _____

3. TRANSFER INSTRUCTIONS

Transfer the cash, assets, or portions of assets as indicated in Section 4

The spouse's or former spouse's (choose one)

- To PENSCO Account Number _____
- New PENSCO Account; the appropriate application is attached.
- IRA Account at Successor Trustee/Custodian; Account Number _____
(The successor trustee's/custodian's transfer instructions and signed acceptance of the requested transfer is attached.)

4. ASSET INSTRUCTIONS

Please specify how transfer or termination fees should be paid and by whom:

- Account Owner OR Former Spouse

Note: If neither box is checked, the selection will default to the Account Owner

Authorization is hereby given to liquidate or transfer in-kind the assets indicated:

- Full Transfer OR Partial Transfer


Asset Name (to include existing cash)	Number of Shares or \$ Amount (Be Specific)	Liquidate	Transfer In-Kind
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

5. TRANSFER AND TERMINATION FEES

Please contact PENSICO client services with questions about partial transfer or termination fees. If the requested transfer leaves a total IRA account value of \$250 or less, the account may be automatically closed, and termination fees will apply. If your account does not currently have a cash balance sufficient to cover these fees, and if you are not requesting the liquidation of assets where the proceeds will cover the fees, please include a check with your transfer request. If payment is not received and the cash balance is not sufficient to cover these fees, your transfer request will be returned to you and will not be processed. To determine how much cash is available and what fees are due, please contact client services at 1-800-962-4238. **Note:** *Some transfer agents charge a fee for transferring assets. These are not PENSICO fees, but must be paid before the reregistration is initiated.*

6. COMPLETION OF THIS FORM

Before returning this form to PENSICO, be sure that each section is completed. The completed form must be signed by the Account Owner and the Account Owner's spouse or former spouse and each signature must have its own notarization before a transfer can be made. Any questions concerning the dollar amount, assets, or portions of assets to be transferred must be determined by the Account Owner and the Account Owner's spouse or former spouse. PENSICO cannot mediate these issues. If there is a need to change the beneficiary designation on the IRA, please contact a PENSICO client services to request the appropriate form.




Account Owner Signature
State of _____)
County of _____) ss
On this _____ day of _____, 20____,)
before me personally appeared _____ (name).

WITNESS my hand and official seal.

[Seal]

My commission expires ____/____/____




Notary Public Signature

7. LIQUIDATION INSTRUCTIONS

It is the Account Owner's responsibility to contact his/her Financial Representative to request liquidation of any broker-held assets (such as stocks or bonds) and to arrange the terms of sale of any non-standard assets (such as limited partnerships or private stock). The sale of non-standard assets may require the completion of a PENSICO "Secondary Market Investment Authorization." The Account Owner understands that any applicable asset reregistration/transfer fees will be assessed for this transfer. If one or more of the assets to be transferred is a Mortgage Note (or similar investment), the Account Owner is responsible for ensuring that PENSICO receives all necessary documents to effect proper assignment of the asset. Please contact your Financial Representative or PENSICO client services if you have questions about how to liquidate, sell or transfer an asset.

8. ACKNOWLEDGEMENT AND SIGNATURES

We, the undersigned Account Owner and the Account Owner's spouse or former spouse, hereby request the transfer of cash and/or assets to the IRA of the spouse or former spouse. The cash and/or asset amounts indicated on this form have been agreed to by both the Account Owner and the Account Owner's spouse or former spouse and the amounts are in accordance with the divorce or separation instrument. We attest that the requested transfer is being made pursuant to Internal Revenue Code sections 408(d)(6) and 71(b)(2)(A) and meets all requirements of law and PENSICO plan documents. We agree to indemnify and hold PENSICO harmless from and against any and all claims including, but not limited to, damages, court costs and legal fees resulting from reliance or action taken in reliance upon the information provided on this form as received by PENSICO and that PENSICO bears no responsibility for verifying the accuracy of the transfer instructions provided to it.




Spouse or Former Spouse Signature
State of _____)
County of _____) ss
On this _____ day of _____, 20____,)
before me personally appeared _____ (name).

WITNESS my hand and official seal.

[Seal]

My commission expires ____/____/____



Notary Public Signature

INVESTMENT PRODUCTS: NOT FDIC INSURED • NO BANK GUARANTEE • MAY LOSE VALUE

Upload forms to:
www.pensico.com/upload

Fax to: 303-614-7096

Send mail to:
PENSICO
P.O. Box 173859
Denver, CO 80217-3859

For express deliveries:
PENSICO
1560 Broadway, Suite 400
Denver, CO 80202-3331

Questions?
Call 1-800-962-4238