



IRA Journal Request Form and Deposit Slip

*Requests to move funds out of an IRA account must use the IRA Distribution Form

*This form should be used for funds coming into the Retirement Account

Date: _____

Delivering Account Number _____

Delivering Account Name/Title _____

Receiving Account Number _____

Receiving Account Name/Title _____

If the Receiving Account Title does not match the Delivering Account Title, the request will be considered a Third Party Transfer. Third Party Transfers must adhere to Apex's Third Party Policy.

Full Transfer of Cash and Securities? Y/N _____

(Accrued Interest will also be transferred)

For Partial Transfers, complete the following: Cash \$ _____

| Symbol/ CUSIP | Shares | Symbol/CUSIP | Shares |
|------------------|--------|--------------|--------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Reason for Transfer:
(Please Check One Box Below)

| | |
|--|--|
| <input type="checkbox"/> Regular Contribution | Contribution for Tax Year _____ (If left blank will be deposited for current year. Prior year contributions can only be made until April 15 th of each year.) |
| <input type="checkbox"/> Employer Contribution | Contribution for Tax Year _____ (If left blank will be deposited for current year.) Note: All SEP contributions are reported the year of deposit. |
| <input type="checkbox"/> Employee Contribution | Contribution for Tax Year __ (If left blank will be deposited for current year.) |
| <input type="checkbox"/> Transfer | Transferred from an identical account type and or title. |
| <input type="checkbox"/> Rollover | Qualifying Direct Rollover from my Employer's Plan ex. 401(k), 403(b), Profit Sharing Plan, Money |

| | |
|------------------------------|---|
| | Purchase Pension Plan, etc or 60 Day Rollover. For 60 Day Rollover, the assets and account type must match as they were distributed less than 60 days ago. Account Owner attests to the following: that the funds deposited as an Irrevocable Qualifying Rollover do not contain any amounts from a Required Minimum Distribution; that these funds are being deposited within the allowable sixty day time period; and that the Account Owner is allowed only one rollover per twelve month period. Account owner further agrees to be bound the election of this deposit as an Irrevocable Qualifying Rollover. |
| <input type="checkbox"/> Fee | This is to offset fees charged due to administrative fees charged by the trustee only. |

Customer Signature: _____

Internal Use Only

Notary Signature: _____

Notary Seal:

Registered Principal Approval

 Name Signature Date

Compliance Officer Approval

 Name Signature Date