

# Certificate of Deposit Account IRA Transfer/Rollover

# M.Y. SAFRA BANK

**✓ Use this form to:**

- Transfer IRA or roll over qualified retirement plan funds from your current IRA custodian or retirement plan to an M.Y. Safra Bank IRA.

This paper clip indicates you may need to attach documentation.

**Mail to:**

M.Y. Safra Bank  
499 Park Avenue  
New York, N.Y. 10022

## 1 Owner Information

Owner Name		Social Security Number
Day Phone	Evening Phone	

## 2 Account Being Transferred

The minimum deposit is \$5,000. Complete a separate form for each different type of account or plan being transferred and for each different custodian or plan sponsor. M.Y. Safra Bank will transfer IRAs to the same type of IRA. **Exception:** SEP-IRA assets will be transferred to a Traditional IRA. **Attach a copy of your current statement.** If you are rolling over assets from a qualified retirement plan, contact your plan administrator to determine what forms they require you to complete.

Provide the type of account the assets are coming from. **Check one:**  
 Traditional IRA    Roth IRA    Rollover IRA    SEP-IRA  
 Employer-sponsored retirement plan

Delivering Institution Name		Phone
Mailing Address		
City	State	ZIP Code
1. Investment Name		Account Number
<input type="checkbox"/> Full Liquidation	<input type="checkbox"/> Partial Liquidation: \$	
2. Investment Name		Account Number
<input type="checkbox"/> Full Liquidation	<input type="checkbox"/> Partial Liquidation: \$	
3. Investment Name		Account Number
<input type="checkbox"/> Full Liquidation	<input type="checkbox"/> Partial Liquidation: \$	
4. Investment Name		Account Number
<input type="checkbox"/> Full Liquidation	<input type="checkbox"/> Partial Liquidation: \$	

**NOTE:** Account(s) will be fully liquidated if no box is checked.

For more investments, check this box and attach a [separate page](#).

**Certificate of Deposit Account (CD)**

Only complete if the investment is a CD.



**Liquidation time frame:**

- Immediately. I agree to pay any early withdrawal fees.
- Upon maturity (mm/dd/yyyy)\*

**\*NOTE:** The CD may charge a withdrawal penalty. In order to transfer at the maturity date, this form must be received within 15–30 days of maturity.

If more liquidation time frames apply, check this box and attach a [separate page](#).

## 3 Signature

For IRA transfers, I hereby authorize this transfer and certify that the IRA I am transferring (unless transferring a SEP-IRA) is the same type of IRA as the receiving account. For a rollover of assets from an employer-sponsored retirement plan, I hereby authorize this rollover contribution to a Rollover IRA or Roth Rollover IRA as appropriate. I understand that IRS regulations require a custodian and that the custodian for my M.Y. Safra Bank IRA will be M.Y. Safra Bank, FSB.

**A signature guarantee is required if the delivering institution requires it.**

	Date (mm/dd/yyyy)
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**Signature Guarantee**

You can obtain the Medallion signature guarantee from most banks, savings institutions, or broker-dealers. We cannot accept guarantees from notaries public or non-Medallion guarantors. The level of coverage provided by the guarantor's stamp must cover the dollar amount of the transaction or it may be rejected.

	Name of Institution
	Print Name of Person Providing Guarantee
	Date (mm/dd/yyyy)

**Official Institutional Use Only—Letter of Acceptance/Payment Instructions**

**The Bank will complete this Letter of Acceptance section.**

Dear Delivering Institution: Please accept this form as your authorization to immediately liquidate the assets listed in Section 2. Send the proceeds from the sale of the assets to M.Y. Safra Bank. M.Y. Safra Bank maintains an IRA (under Internal Revenue Code Section 408 or 408A) for this individual and will accept the assets and deposit the transferred funds in the type of IRA designated below. If the money being transferred is from a SEP-IRA or employer-sponsored retirement plan, the bank will deposit the funds into a Traditional IRA.

Official M.Y. Safra Bank Authorized Signature	Date (mm/dd/yyyy)
 X	
Title	

**Make check payable to:** M.Y. Safra Bank for:

Owner's Name
Owner's Tax Identification Number

**Overnight redemption proceeds to:**

M.Y. Safra Bank  
499 Park Avenue  
York, N.Y. 10022

**Mail proceeds to:**

M.Y. Safra Bank  
499 Park Avenue  
New York, N.Y. 10022

**Receiving Account Type:**

- Traditional IRA       Rollover IRA       Roth IRA