

ROTH IRA CONVERSION FORM

Ac	count Owner Information:			
Ful	Legal Name:			
Date of Birth (MM/DD/YYYY): U.S. Soc		cial Security Number (SSN):		
Ado	dress of Record:			
City	/:		State:	Zip Code:
Prir	mary Phone Number:	Email Ad	dress:	
Co	nversion to ROTH IRA:			
Convert my IRA number:			to my Roth IF	IRA number:
	I have satisfied my Required Minimum Distribution			
est	nined age 72 before 2023, RMD age is 72. If you attain a ablished prior to completing a Roth conversion. **Note: The conversion of the co	age 72 in 2	2023 or later,	r, RMD age is 73. A valid Roth IRA is required to be
	I wish to convert my entire account to my Roth IRA.			
	Partial conversion of the following assets.			
	Cash in the amount of:			
Sig	nature:			
Date:				