

## Individual Retirement Account (IRA) Rollover or Transfer Request Form

Use this form to authorize the rollover or transfer of Individual Retirement Account (IRA) assets currently held by another Custodian/Trustee (Administrator) to your OptumHealth Bank account.

### PART 1: OptumHealth Bank Contact Information

**By Mail:**

OptumHealth Bank  
P.O. Box 271629  
Salt Lake City, UT 84127

**By Fax:**

1-866-314-9795

**Questions?**

Please refer to the phone number on the back of your Debit Card.

Customer care professionals are available from 8:00 a.m. to 7:00 p.m. Eastern time to assist you.

### PART 2: IRA Rollover or Transfer to OptumHealth Bank

Please note that all rollovers or transfers from your IRA will count toward your annual IRS contribution maximum. Be sure that the amount of your IRA Rollover or Transfer does not exceed the annual contribution maximum for the calendar year of the transaction. For additional information on contribution limits that apply to your individual circumstances, visit IRS.gov, our Web site or contact a competent tax advisor.

**IMPORTANT NOTE: IRA Rollovers or Transfers will be applied toward the annual contribution maximum for the calendar year in which they are received.**

IF YOU WOULD LIKE YOUR IRA ADMINISTRATOR TO TRANSFER SPECIFIC IRA ASSETS MANAGED IN YOUR IRA (SPECIFIC TAX LOTS, SHARES, ETC), YOU WILL NEED TO INITIATE THE TRANSFER AT THE CURRENT ADMINISTRATOR. PLEASE HAVE ALL FUNDS SENT TO OPTUMHEALTH BANK AND REFERENCE YOUR ACCOUNT NUMBER AND INDICATE THAT THE FUNDS ARE BEING SEND FROM YOUR IRA.

FOR CURRENT ADMINISTRATOR ONLY, please send check (including account holder name, OptumHealth Bank account number or SSN) & form to:

OptumHealthBank  
P.O. Box 271629  
Salt Lake City, UT 84127-1629

**Instructions to current Administrator:** Transfer the designated assets in my account to the OptumHealth Bank account established in my name. I understand that you will contact me with respect to the disposition of any other assets in my account that are not transferable. By signing below, I authorize you to deduct any outstanding fees due you from the credit balance in my account. If my account does not contain a credit balance, or if the credit balance in the account is insufficient to satisfy any outstanding fees due you, I authorize you to liquidate the assets in my account to the extent necessary to satisfy that obligation.

### PART 3: Information Required for Rollover or Transfer Request

**Section A: Your OptumHealth Bank Account**

OptumHealth Bank Account Number (if available)

Account Holder Name

Account Holder Address

City, State ZIP

Daytime Phone Number

**Section B: Account Being Transferred** – The name of the IRA being transferred must match the name on the OptumHealth Bank account.

Social Security Number

Name of Administrator Holding your IRA

Account Holder Name

Phone Number of Administrator

Address of Administrator

Account Number at Administrator

### PART 4: Owner Authorization and Agreement of Terms

I have read and understand the rules and conditions of this form and I have met the requirements for making a transaction. Due to the important tax consequences when moving funds, I have been advised to see a tax professional. All information provided by me is true and correct and may be relied on by OptumHealth Bank. I assume full responsibility for this transaction and will not hold OptumHealth Bank liable for any adverse consequences that may result.

**X** \_\_\_\_\_  
Signature of Account Holder

\_\_\_\_\_  
Date