



Note: Use this form to convert your current IRA or employer sponsored plan assets to a Roth IRA. For partial conversion, you must submit this form with a completed IRA application. If converting an existing IRA with Entrust, you will also need to complete a distribution form. For a complete conversion, submit this form only. Please note that this may be a taxable event.

Entrust CAMA Self-Directed IRA, LLC PA

Administrator _____

The name of the company that performs record keeping and administration of your plan on behalf of custodian named in the account application.

1. Account Holder Information *Please complete the following information.*

Account holder name	
Account number	Form of conversion (Specify)
	<input type="checkbox"/> In Cash \$ _____ <input type="checkbox"/> In Kind <i>(Complete list below, if necessary)</i>
Home address	City, State, Zip
Your social security number	Telephone number (area code & number)

Part I. Conversion from an IRA or employer sponsored plan to a Roth IRA *(CHECK ONLY ONE and fill in where applicable)*

Conversion Information:

Choose one of the following:

- New Conversion: This is a conversion to a NEW Roth conversion IRA. An IRA Application must be attached.
- Existing Roth IRA: This is a conversion to an EXISTING Roth Conversion IRA.

Choose one of the following:

- Full Conversion: Convert all assets held in the above account.
- Partial Conversion: Convert the assets indicated below.

Asset Description	Indicate amount (do not use percentages)

Part II. Signature of Roth IRA Participant

I certify that the following statements are true and correct.

- This conversion contribution is being made within 60 days after my receipt of funds from my traditional plan or employer sponsored plan.
- During the year of this conversion, my adjusted gross income will not exceed \$100,000 (not including the converted amount or any required minimum distribution) and I am not a married person filing a separate Federal income tax return.

The undersigned hereby irrevocably elects, pursuant to IRS Regulation 1.402(a)(5)-1T to treat this contribution as a rollover contribution. I acknowledge that, due to the complexities involved in the tax treatment of roll overs between plans, conversions from plans, and roll overs from a Designated Roth Account under an employer's plan, the Trustee/Custodian has recommended that I consult with my tax advisor or the IRS before completing this transaction to make certain that this transaction qualifies as a valid contribution and is appropriate in my individual circumstances. I understand that these transactions are reported to the IRS and I acknowledge that I am responsible for record keeping Roth IRA contribution information as directed by the IRS. I hereby release the Custodian from any claim for damages on account of the failure of this transaction to qualify as a valid rollover contribution or conversion.

PLEASE DO NOT EMAIL THIS FORM. EMAIL IS NOT A SECURE MEDIUM. MAIL THIS FORM TO YOUR ENTRUST OFFICE.

Signature of Participant _____ **Date** _____