

## Recharacterization

555 12th Street, Suite 900 Oakland, CA 94607 Phone: (877) 545-0544 Fax: (866) 228-4009

1 Account Information		
NAME (as it appears on your account application)	ENTRUST ROTH IRA ACCOUNT NUMBER	
DAYTIME PHONE NUMBER	EMAIL	
	1	
2 Recharacterization Information		
Recharacterizing to one of the following:		
□ NEW	☐ EXISTING ENTRUST ACCOUNT:	
☐ TRADITIONAL ☐ SEP ☐ SIMPLE	☐ TRADITIONAL Account number:	
		ount number:
A new account application must be completed and attached.	SIMPLE Account number:	
Choose one of the following:		
Full recharacterization	PARTIAL RECHARTERIZATION     Recharacterize the assets indicated below	
Recharacterize all assets held in the above account	Recharacterize the assets indicated below	
Asset Description		Indicate Dollar Amount (do not use percentages)
		\$
		\$
		\$
		\$
3 Certification and Acknowledgement		
<ol> <li>I certify that the information provided is true and correct to the best of my knowledge.</li> <li>I certify that no tax advice has been given to me by the Administrator or Custodian.</li> <li>I hereby irrevocable elect, to treat this transaction as permitted under the IRS Regulations.</li> <li>It is recommended that I consult with my tax advisor before completing this transaction.</li> <li>I acknowledge that the transaction will be reported to the IRS.</li> <li>I acknowledge that it will be reported in the calendar year it is completed.</li> <li>I expressly assume the responsibility for any adverse consequences which may arise from this re-characterization request and I agree that the Administrator and/or Custodian shall in no way be responsible for those consequences.</li> <li>I hereby release the Administrator and/or Custodian from any claim for damages on account of the failure of this transaction to qualify for recharacterization.</li> </ol> Please read the disclosure above the signature line before signing and dating. SIGNATURE: DATE:		