

Should Forge Trust Co. need

IN-KIND INVESTMENT OR EXCHANGE REQUEST

Last Name*

Contact Center: (800) 248-8447 | www.ForgeTrust.com

PERSONAL INFORMATION (*required field)

First Name*



Complete Sections 2 & 3a to move assets from your IRA LLC to your IRA account. Complete Sections 3 & 3a of this form if you wish to exchange an asset currently held in your IRA with another asset.

Middle Name

to contact you in regards to this request, your preferred method of contact is:	Account Number*		Social Security Number* (last 4 digits)	Date of Birth* (M	M/DD/YYYY)
Email	Phone* XXX-XXX	-XXXX	Email (Your personal email only)		
Primary Phone	I HOUSE AAA-AAA		andi (1941 personal entall entry)		
2. IN-KIND INVES	STMENT / ASS	SET MOVEME	NT INSTRUCTIONS		
I wish to move assets (select one	e):				
From my IRA to my IRA LLC			From my IRA LLC to my IRA (*Please complete Section 3a AND also the Prohibited Transaction Questionnaire form.)		
Name of IRA LLC					
Move the following assets:					
Investment Name		Amount	Investment Name		Amount
Need to list more assets? Attach tion fee per asset applies. See th			t the top of this form. The asset(s) listed RE.	above will be re-re	egistered; a re-registra-
For Real Estate and Trust	Deeds:				
			an Assignment of Deed of Trust to chang ments are recorded, please forward ther		
For Publicly-Traded Secur	ities:				
lf moving assets from your IRA to tions for your IRA LLC's brokeraç			ıblicly-traded securities held in our broke he brokerage account:	erage account, plea	ase provide DTC instruc-
Brokerage Firm Name			IRA LLC's Brokerage Account No.	DTC No.**	
**If you do not know the DTC nu	mber, please contact yo	our brokerage firm for this	s information		

3. EXCHANGE INSTRUCTIONS (Supporting documentation must be provided for all transfers.) Name of asset to be exchanged Amount/no. of shares Exchange asset listed above with the following asset Amount/no. of shares *Section 3a Name of Investment Sponsor/Managing Entity Address City State/Province Zip/Postal Code Country Phone Number XXX-XXXX Fax Number XXX-XXXX Email

4. ACKNOWLEDGMENT & PARTICIPANT SIGNATURE

Account Owner's Signature	Date (MM/DD/YYYY)	
x		

Please sign and submit additional documents as required.

Exchange as of date (MM/DD/YYYY):

DELIVERY INSTRUCTIONS

For In-Kind Investment/Asset Movement Requests:

Fax (650) 745-2932 Fax Email transfers-out@ForgeTrust.com Email

For Exchange Requests:

Fax (650) 745-2929 Email investments@ForgeTrust.com

Regular mail Forge Trust Co. PO Box 7080 San Carlos, CA 94070-7080

Overnight mail Forge Trust Co. 1160 Industrial Road, Suite 1 San Carlos, CA 94070-4128