

& 866-654-6111

support@aetrust.com

6900 Westcliff Dr. Ste 603 Las Vegas, NV 89145

1. IRA HOLDER'S NAME AND ADDRESS					2. CURREN	2. CURRENT TRUSTEE OR CUSTODIAN NAME AND ADDRESS				
				Custodian Na	ustodian Name					
Address					Address					
City			State	Zip	City			State	Zip	
Social Security Number			Date of Birth		Account Number			Phone		
Home Phone					Type Traditional Roth 401k Simple SEP					
3. TRANSFER INSTRUCT	TIONS				ì		NG INSTRUCTIONS			
Transfer Amount		All Par	tial		Check Tran	sfer: M	ake the check payable as follows:	American	Estate &	
Frequency			Other				ccount Holder Name>			
Cash Transfer Method		Check	Wire		Mira Trans	far: Dan	Je Nama: Walla Farma			
Transfer To Account Type (Receiving account)  Traditional F 401k Simple				P	Wire Transfer: Bank Name: Wells Fargo Account #: 3393886381 Routing #: 121000248 Account Name: American Esta			a & Trust Inc		
							Account Name. American Estate &	Trust, IIIC.		
5. ASSET HANDLING IN	STRUCT	IONS						1		
Asset Description							Qty or Amount to be transferred	Tra	insfer In Kind	
1.							_	[X]	No Liquidation	
2.								[X]	No Liquidation	
3.							_	[X]	No Liquidation	
4.								[X]	No Liquidation	
6. SIGNATURE						7. AC	CEPTING IRA CUSTODIAN			
I authorize the transfer of the that all of the information Trustee or Custodian.  I understand that I am resp the limits set forth by tax la understand that a transfer	provided onsible f ws, relat	I by is corre for determined regulation	ect and may ning my eligi ons and plar	be relied united to the desired the desired to the	upon by the usfer within s. Further, I	the ac	ican Estate & Trust agrees to serv ecount of the above named individe s being transferred. unt Identification of Accepting IRA:	ual. We ag		
basis than monthly from a request outside my election that special rules apply to responsibility for any tax co	n period, SIMPLI nsequen	may result E IRA to T ices or pena	in costs or raditional II alties that m	penalties. I u RA transfers ay apply to tl	understand s. I assume he transfer	Tra	unt Type being accepted: ditional Roth 401k Simple	SEP		
of these assets and I agree responsible.	e that the	e Trustee o	or Custodian	shall in no	way be held	Accep	oting Custodian Address:			
(IRA Account Holder, Benef	iciary or F	ormer Spous		(Date)	<u>.</u>		American Estate & Tru Westcliff Dr.; Ste. 603 89145 Phone: (866) 6 Fax: (702) 974-2524 Email: info@trusteean	Las Vegas 54-6111	, NV	
( (. lossant Holder, Beller		c. opodo	-,	(30.0)			Linan. imo@irusteear	nenca.com	1	
Place	Medalli	on Signatı	ure Here				(Authorized Signature of Accepting Cust	odian)		
Please note that you to determine if a med				custodian			· · · · · · · · · · · · · · · · · · ·			

## Transfer Request Asset Handling Instructions

Receiving Firm	Check Transfer	Wire Transfer		
American Estate & Trust	Payee Name: American Estate & Trust FBO:	Bank Name: Wells Fargo		
6900 Westcliff Dr., Ste 603	< <account first="" holder="" last="" name="">&gt;</account>	Account #: 3393886381		
Las Vegas, NV 89145	Reference: < <aet account="" number="">&gt;</aet>	Routing #: 121000248		
		Account Name:		
Dept: Transfer Requests	Mail To:	American Estate & Trust, Inc.		
	American Estate & Trust	Reference		
P: 1-866-654-6111	6900 Westcliff Dr., Ste 603	< <acctno>&gt;</acctno>		
E: support@aetrust.com	Las Vegas, NV 89145	< <lastname>&gt;,&lt;<firstname>&gt;</firstname></lastname>		
TIN: 20-8936642				
	Attn: Transfer Requests			
	'			

## NO LIQUIDATIONS OF ASSETS AUTHORIZED

This transfer <u>is not requesting or authorizing the sale. or liquidation of ANY ASSETS</u> currently held in the account under your custody. As the current custodian, you acknowledge any asset dispositions are being done under your own authority and or at the direction of the account holder, and that we are not authorizing or requesting any such action.

Asset Type : Metals Ship To:

DDS

3601 North Market Street Wilmington, DE 19802

**Packaging Requirements:** Metals for different accounts or clients must be separately packed and labeled. Metals can have over pack. Any sub packages must be labeled as to the client and account.

Labeling Requirements: All metals must be identified as:

"American Estate & Trust FBO" <<AcctNo>> <<LastName>>,<<FirstName>>

Insurance: Proper Insurance should be used and the cost will be paid by the shipper

Asset Type : Foreign Currency

Ship To:

DDS

3601 North Market Street Wilmington, DE 19802

**Packaging Requirements:** Metals for different accounts or clients must be separately packed and labeled. Metals can have over pack. Any sub packages must be labeled as to the client and account. The DDS packing slip must be included

Labeling Requirements: All metals must be identified as

"American Estate & Trust FBO" <<AcctNo>> <<LastName>>,<<FirstName>>

Insurance: Proper Insurance should be used and the cost will be paid by the shipper

Asset Type :Paper Assets Ship To:

American Estate & Trust 6900 Westcliff Dr., Ste. 603 Las Vegas, NV 89145

Reference: <<AcctNo>> <<LastName>>,<<FirstName>>