

Authorization to Transfer Funds From a Bank Retirement Account

Bank of America IRA to Merrill Lynch, Pierce, Fenner & Smith Incorporated (“MLPF&S”) IRA transfers only

ATTENTION:

Please sign and return this form via fax:	Or mail to:
Fax to: 866.827.8879	Overnight and Regular Mail: Merrill Edge 3315 Central Avenue Hot Springs, AR 71913 Mailstop 29076

TRANSFER FUNDS TO: **TRANSFER FUNDS FROM:**

_____ MLPF&S Retirement Account Number: _____ Participant’s Last Name, First Name, Middle Initial: Type of MLPF&S Account: <input type="checkbox"/> Traditional IRA <input type="checkbox"/> Rollover IRA <input type="checkbox"/> Roth IRA <input type="checkbox"/> SEP <input type="checkbox"/> Inherited – IRA <input type="checkbox"/> Inherited – Roth IRA	_____ Resigning Custodian: Bank of America Deposit Account Services Resigning Account Number: (NOTE: Only one transfer form can be used per transfer request) _____ Plan Number and SSN: Resigning Account Type: <input type="checkbox"/> Traditional IRA <input type="checkbox"/> Rollover IRA <input type="checkbox"/> Roth IRA <input type="checkbox"/> SEP <input type="checkbox"/> Inherited – IRA <input type="checkbox"/> Inherited – Roth IRA
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Liquidation Options:	Full or Partial:	Resigning Account Investment Type:
<input type="checkbox"/> Liquidate at Maturity— Maturity Date: _____ <input type="checkbox"/> Liquidate now. I am aware of and acknowledge any bank penalty that may be incurred.	<input type="checkbox"/> Full <input type="checkbox"/> Partial \$ _____	<input type="checkbox"/> Market Rate <input type="checkbox"/> Variable Rate <input type="checkbox"/> RA CD# (if applicable) _____

Participant Authorization:

I, the undersigned Participant, authorize the transfer of the above-referenced account to Merrill Lynch, Pierce, Fenner & Smith Incorporated, which will act as successor custodian for my IRA. The transfer is to be accomplished in the manner indicated above. **For clients age 70½ or older: If you are or will reach age 70½ or older in the calendar year you make this transfer, do you want Bank of America to distribute your Required Minimum Distribution (RMD) prior to the transfer?**

Yes No

Participant Signature: _____
Date (required):

FOR INTERNAL USE ONLY

Merrill Edge Representative Name: _____
Date Received at Merrill Edge:

Merrill Edge Representative Signature: _____
Representative Phone Number:

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MLPF&S is a registered broker-dealer, Member SIPC and a wholly owned subsidiary of Bank of America Corporation.
Investment products:

Are Not FDIC Insured	Are Not Bank Guaranteed	May Lose Value
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