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IRA RECHARACTERIZATION REQUEST

A ACCOUNT INFORMATION

Account Owner's Name: _____ Millennium Account No.: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Telephone No.: _____ Social Security No.: _____ Date of Birth: _____

B RECHARACTERIZATION REQUEST

I authorize and direct you, the present Custodian/Trustee, to recharacterize the assets (and earnings attributable) indicated in Section C. I understand that this transaction will be reported to the IRS and that I should consult a tax professional regarding my IRS reporting obligations. (Note: A recharacterization must be completed by your tax-filing due date, plus extensions.)

1. **Custodian/Trustee Information** (This recharacterization is...)

- With the same Custodian/Trustee.
- To a different Custodian/Trustee. I authorize you, the present Custodian/Trustee to send the recharacterized assets to Millennium Trust at the address indicated above.

Present Custodian Name: _____
 Address: _____ Phone No.: _____
 City: _____ State: _____ Zip: _____

2. **Recharacterization Type.** (Recharacterize my IRA as follows:)

- Traditional IRA regular contribution as a Roth IRA contribution for tax year: _____
- Roth IRA regular contribution as a Traditional IRA contribution for tax year: _____ (If you are 70 1/2 or older you cannot recharacterize a Roth IRA regular contribution as a Traditional IRA contribution.)
- Roth IRA conversion contribution back to Traditional, SEP or SIMPLE IRA (Note: A converted conduit IRA that is recharacterized back to a Traditional IRA may retain its status as a conduit IRA. The assets must not be commingled, including during the conversion or recharacterization process.)

C INITIAL IRA CONTRIBUTION

Information from IRA being Recharacterized.

1. Account Number: _____
2. Contribution Date: _____
3. Contribution Amount \$ _____
4. I wish to Recharacterize:
 - The entire contribution amount.
 - Part of the contribution amount: \$ _____

Payment Details:

Amount Requested (from C.4.): \$ _____
 Earnings Attributable: (+) \$ _____
 Penalties: (-) \$ _____
 Administration Fee: (-) \$ _____
 Net Amount Recharacterized: \$ _____

D PAYMENT INFORMATION

Present Custodian/Trustee: Please return a copy of this form with the assets to be recharacterized to Millennium Trust at the address indicated above, if applicable. Your data processor may also require a distribution form.

1. **Payment Schedule** I authorize and direct you to send my assets as follows:

(Please choose one. Note: Additional options are available on page two.)

- Immediately send cash proceeds.
- Immediately liquidate the assets listed below:

Quantity (All shares, or specify #)	Name of Fund, Security or Asset
_____	_____
_____	_____

(Please continue entering Payment Information on page two.)



D PAYMENT INFORMATION (Continued)

Immediately send 'in-kind' the assets listed below:

<i>Quantity (All or specific # of shares)</i>	<i>Asset Discription</i>
_____	_____
_____	_____

Other: _____

2. **Payment Method** If applicable, I authorize and direct you, my present Custodian/Trustee, to remit by:

- Check (*Proceed to Section E.*)
- Wire to: (*Enter bank information below*)

Bank Name: _____

ABA Routing No.: _____ Bank Account No.: _____

Bank Address: _____

City: _____ State: _____ Zip: _____

Account Name: _____

F/B/O: _____ IRA Owner's Name _____ IRA Account No.

E ACCOUNT OWNER/CUSTODIAN ACKNOWLEDGEMENT

I certify that I have or will establish an account with the Custodian/Trustee named in section B.1. I certify the accuracy of the information given above and that this election is made by my tax-filing due date (plus extensions). I authorize this transaction and understand that I am responsible for any consequences resulting from this transaction including any taxes and/or penalties that may be due. I agree to indemnify and to hold the Custodian/Trustee harmless from any situations arising from an ineligible re-characterization. I acknowledge that I cannot revoke or modify this election and that my Custodian/Trustee cannot provide legal advice. I will consult with my own tax professional for advice.

Signature of IRA Owner: _____ Date: _____

Signature of Custodian/Trustee: _____ Date: _____