

**Account Owner's Information** 

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## IRA RECHARACTERIZATION REQUEST

Prior to 2018, certain Roth IRA conversions were eligible to be recharacterized but the 2017 Tax Cuts and Jobs Act eliminated the ability to recharacterize any Roth IRA conversion made after January 1, 2018. For assistance with this application, please contact a Client Service Specialist at 800.258.7878. (Hours: Monday - Friday, 8:00 am to 4:30 pm Central time.)

	First:		Middle:	Last:						
	Addres	s:								
	City:	Sta	te:	Zip:						
	Home I	Phone No.:		Work Phone No.:						
	E-mail .	Address:								
	Social S	Security No.:		Date of Birth:						
B Recharacteriza	tion Requ	est								
	I authorize and direct you, the present Custodian, to recharacterize the contribution indicated below. I understand that this transaction will be reported to the IRS and that I should consult a tax professional regarding my IRS reporting obligations. <b>Note:</b> Recharacterization Request must be submitted at least one month prior to your federal income tax return filing due date (including extensions) for the taxable year which the contribution was made to meet the IRS deadline.									
Please select one type only:  If no selection is made, Millennium Trust will recharacterize all the IRA assets in the referenced account(s).	Recharacterization Type									
	<ul> <li>▶ □ Recharacterize my Traditional IRA contribution as a Roth IRA contribution for tax year:</li> <li>□ Recharacterize my Roth IRA contribution as a Traditional IRA contribution for tax year:         (If you are 70½ or older you cannot recharacterize a Roth IRA contribution as a Traditional IRA contribution.)</li> <li>Information from IRA being Recharacterized</li> </ul>									
						Account Number:				
						Cor	ntribution Date:	Contribution	Amount:	
	I wish to Recharacterize									
	<b>▶</b> □	Entire contribution	n amount.							
			box is not checked the ac	r existing IRA open. Annual account fees may count will be closed when all the assets are						
		Partial contribution	n amount. \$							
			Please continue t	o page two to complete ti	his form.					



## **B** Recharacterization Request Continued

Payment Details:

Must be provided if known, otherwise Millennium will calculate the earnings. Contribution amount requested: \$

Earnings Attributable (+): \$

Administration Fee (-): \$

Net Amount Recharacterized: \$

## C Account Owner Acknowledgement

I certify that I have established an account with the Custodian named in Section B2. Any option I have selected, and any third party action or access I have previously authorized on my account shall carry over and be effective to the IRA being recharacterized. I certify the accuracy of the information given above and that this election is made by my tax-filing due date (including 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 harmless from any situations arising from an ineligible recharacterization. I acknowledge that I cannot revoke or modify this election and that my Custodian cannot and did not provide me legal or tax advice. I will consult with my own tax professional for advice.

Please read, sign, and date to authorize this Recharacterization.

▶	Signature of IRA Owner:	

Date:

IRA-014 03-19