

RECHARACTERIZATION FORM



INSTRUCTIONS AND GUIDELINES

Use this form when you want to recharacterize a Roth IRA account back to the original account. This is normally done when a Roth Account was opened and then it was realized the qualifications were not met in order to have a Roth account.

- Before recharacterizing, you should consult with a tax professional.

When completing the *Recharacterization Form*, please follow these guidelines:

- Be sure you have both a Roth IRA and a Tax-Deferred IRA account open before proceeding with this form.
- A *Fair Market Valuation Form (FMV)* must be filled out for any transaction involving asset(s). The original *FMV form* must be sent by mail with supporting documents.
- Recharacterizations must be completed on or before the due date (including extensions) for filing your Federal income tax return for the taxable year for which the contribution was made.
- **Note:** If a conversion originally came from a qualified retirement plan, such as a 401k, it cannot go back to the plan but can go to a Traditional IRA.
- You must complete the *Recharacterization Form* in order to accomplish a recharacterization. Taking a distribution of the funds or assets and subsequently rolling them over to another IRA will not produce proper IRS reporting, and will not be deemed as a recharacterization.



SUBMISSION OPTIONS

OVERNIGHT:

Sterling Trust
1101 Wooded Acres
Suite 120
Waco, TX 76710

REGULAR MAIL:

Sterling Trust
P. O. Box 2526
Waco, TX 76702-2526

BY FAX:

254-751-0872

BY EMAIL:

IRAServices@SterlingTrustCompany.com



CONTACT INFORMATION

MAILING ADDRESS:

Sterling Trust
P. O. Box 2526
Waco, TX 76702-2526

PHYSICAL ADDRESS:

Sterling Trust
1101 Wooded Acres
Suite 120
Waco, TX 76710

For assistance, please contact a Client Services Representative at:

Phone:
800-955-3434 (Option 2)
254-751-1505 (Option 2)

Fax:
254-751-0872

Website:

www.SterlingTrustCompany.com

Or e-mail questions to:

IRAServices@SterlingTrustCompany.com



A Division of Equity Trust Company

PLEASE PRINT CLEARLY. A DELAY IN PROCESSING MAY OCCUR IF INSTRUCTION IS UNCLEAR.

1 ACCOUNT HOLDER INFORMATION

ACCOUNT HOLDER NAME	PRIMARY DAYTIME PHONE NUMBER
EMAIL ADDRESS	

2 ACCOUNT INFORMATION FOR RECHARACTERIZATION

Sterling Trust recommends consulting with your tax professional before proceeding.

FROM STERLING IRA ACCOUNT NUMBER:	TO STERLING IRA ACCOUNT NUMBER*:
Type of account you are converting FROM:	Type of account you are converting TO:
<input type="checkbox"/> Roth IRA <input type="checkbox"/> SIMPLE IRA <input type="checkbox"/> Traditional IRA <input type="checkbox"/> QUALIFIED PLAN <input type="checkbox"/> SEP IRA <input type="checkbox"/> QUALIFIED PLAN - ROTH	<input type="checkbox"/> Roth IRA <input type="checkbox"/> SIMPLE IRA <input type="checkbox"/> Traditional IRA <input type="checkbox"/> SEP IRA

*Account must be established before recharacterization.

3 FUND INFORMATION FOR RECHARACTERIZATION

INDICATE BELOW THE TYPE OF RECHARACTERIZATION YOU ARE REQUESTING

Full Recharacterization - Recharacterize ALL assets "in-kind" and any cash balance to the new account.** This will close your existing account unless you select here to keep it open. Keep existing IRA Account open.

Partial Recharacterization in Cash - Recharacterize only the specified dollar amount in cash to new account.
 \$ _____

Partial Recharacterization "in-kind" - Recharacterize only the specified assets listed below**:

ASSET DESCRIPTION	# SHARES/UNITS	APPROXIMATE VALUE
ASSET DESCRIPTION	# SHARES/UNITS	APPROXIMATE VALUE
ASSET DESCRIPTION	# SHARES/UNITS	APPROXIMATE VALUE
ASSET DESCRIPTION	# SHARES/UNITS	APPROXIMATE VALUE

Traditional assets will be determined at time of processing.

**A Fair Market Valuation Form must be completed for any assets involved in a Roth Conversion.

4 RECHARACTERIZATION FOR CONTRIBUTION / CONVERSION

Recharacterized Conversion

DATE OF ORIGINAL CONVERSION	DATE OF RECHARACTERIZATION
ASSET DESCRIPTION	CURRENT FAIR MARKET VALUE OF RECONVERSION ASSET
ASSET DESCRIPTION	CURRENT FAIR MARKET VALUE OF RECONVERSION ASSET
ASSET DESCRIPTION	CURRENT FAIR MARKET VALUE OF RECONVERSION ASSET
ASSET DESCRIPTION	CURRENT FAIR MARKET VALUE OF RECONVERSION ASSET

Recharacterized Contribution

AMOUNT OF CONTRIBUTION OR CONVERSION	DATE OF ORIGINAL CONTRIBUTION
PLUS EARNINGS (LOSSES)	TYPE OF CONTRIBUTION BEING RECHARACTERIZED, SELECT ONE: <input type="checkbox"/> ANNUAL CONTRIBUTION <input type="checkbox"/> ROTH IRA CONVERSION CONTRIBUTION
TOTAL AMOUNT TO BE RECHARACTERIZED	



A Division of Equity Trust Company

P.O. Box 2526, Waco, TX 76702-2526
PHONE: 800-955-3434 (option 2), 254-751-1505 (option 2)
FAX: 254-751-0872 / E-MAIL: IRAServices@SterlingTrustCompany.com

Account Number _____

5 PAYMENT OF FEES

How would you like to pay for any service-related fees associated with this transaction?.

Choose a payment method: Deduct Fees from Account Check Enclosed

Note: Please complete the attached Credit Card Form if you wish to pay by credit card. By completing the *Credit Card Form*, you authorize Sterling Trust to charge this card for all service-related fees associated with this transaction (if applicable)

THIS SPACE INTENTIONALLY LEFT BLANK

6 SIGNATURES

I certify that I have or will establish a tax-deferred account with the Custodian named above. I understand that I am responsible for determining my eligibility for all recharacterizations and I agree to indemnify and to hold the Custodian harmless against any and all situations arising from an ineligible recharacterization. I acknowledge that the Custodian cannot provide legal advice and I agree to consult with my own tax professional for advice.

The Custodian agrees to accept these funds as a recharacterization.

Signature of Account Holder/Beneficiary

Date

Signature of Custodian

Date



A Division of Equity Trust Company

P.O. Box 2526, Waco, TX 76702-2526
PHONE: 800-955-3434 (option 2), 254-751-1505 (option 2)
FAX: 254-751-0872
E-MAIL: IRAServices@SterlingTrustCompany.com

CREDIT CARD FORM

PLEASE PRINT CLEARLY. A DELAY IN PROCESSING MAY OCCUR IF INSTRUCTION IS UNCLEAR.

1 ACCOUNT HOLDER INFORMATION
ACCOUNT HOLDER NAME ACCOUNT NUMBER
EMAIL ADDRESS

2 CREDIT CARD INFORMATION
NAME OF CARDHOLDER (as stated on front of card) CARD TYPE: [] VISA [] Mastercard
BILLING ADDRESS
CITY STATE ZIP CODE
HOME PHONE MOBILE PHONE
CREDIT CARD NUMBER EXPIRATION DATE (mm/yyyy)

THIS SPACE INTENTIONALLY LEFT BLANK

SIGNATURE
IMPORTANT -- Please read before signing.
The signature below acknowledges that I have received, read and understand Sterling Trust's Terms of IRA Custodial Account Agreement, Disclosure Statement and IRA Fee Schedule; the Terms of IRA Custodial Account Agreement and Disclosure Statement explains the duties, limitations on duties, and the rights of Sterling Trust and depositor; and by signing this form below, the depositor assumes complete responsibility for determining contribution eligibility and tax consequences of any and all contributions or distributions. The Account Holder accepts and agrees to all of the terms and provisions set forth in the Terms of IRA Custodial Account Agreement and Disclosure Statement and has read and accepted the terms of Sterling Trust IRA Fee Schedule.
My signature below acknowledges that I have read and agree with the Terms of IRA Custodial Account Agreement and Disclosure Statement.
SIGN & DATE
Credit Cardholder Signature Date IRA Account Holder Signature Date