



SELF-DIRECTED BROKERAGE ACCOUNT (SDBA) TRANSFER FORM

Instructions:

Confirm with your Plan Sponsor that your Plan offers the option of an Self-Directed Brokerage Account (SDBA) and that you are eligible to transfer funds to one. Establish your SDBA in your Plan (see your Plan Sponsor for more information). Enter Plan Name below and complete all applicable fields in Sections A and B (check appropriate box in section B.) Print and sign your name, and date the form in Section C. You may upload your completed form using our secure file transfer portal at <https://files.rpgconsultants.com/filedrop/Support>. If you prefer to submit your completed form by e-mail, send to support@rpgconsultants.com. If you prefer to send by fax, send to 1 (212) 947-4866. Please allow 5-7 business days for processing. A \$25 processing fee applies, plus any applicable Plan Custodian transmittal fees.

SECTION A – PERSONAL INFORMATION

Plan Name

Name: _____ E-Mail Address: _____
Address: _____ Home Telephone #: _____
Apt/Suite: _____ Date of Birth: _____
City, State, Zip: _____ Social Security #: _____

SECTION B – SDBA TRANSFER INSTRUCTIONS

For wires only

Transfer Amount: \$ _____ Bank Name: _____
SDBA Institution: _____ Bank Routing #: _____
SDBA Number: _____ Bank Account #: _____

Check payable to: _____
Check mailed to: _____
Address, City, Zip Code

I hereby authorize RPG Consultants to liquidate* the above amount from my account in my Retirement Plan and transfer it into the Self-Directed Brokerage Account listed above. I understand that fully vested funds will be transferred first. If any assets are not fully vested, these must be transferred into a second account (to be established by you) to be tracked separately.

I hereby authorize RPG Consultants to transfer the above amount out of my Self-Directed Brokerage Account listed above into my core account in my group Retirement Plan. I have liquidated holdings in my Self-Directed Brokerage Account in the above amount in preparation for this cash transfer.

*Liquidation of an account is done pro-rata across all funds in your account and all money-sources in accordance with Plan provisions unless other written instructions are provided.

SECTION C - SIGNATURE

Participant: _____
Date Name (Please Print) Signature