

# Request for Transfer or Conversion to a Roth IRA

- Please send the completed form to:

**(800) 977-2947**

**Regular mail**

Praxis Mutual Funds  
c/o U.S. Bank Global Fund Services  
P.O. Box 701  
Milwaukee, WI 53201-0701

**Overnight mail**

Praxis Mutual Funds  
c/o U.S. Bank Global Fund Services  
615 E. Michigan St., 3rd Floor  
Milwaukee, WI 53202-5207

- Praxis will forward these instructions to your present trustee/custodian.
- Attach your most recent account statement. **If this is an annuity, please attach your contract.**

## 1. Participant information

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Name \_\_\_\_\_ Social Security number \_\_\_\_\_  
First middle last Birth date \_\_\_\_\_  
Address \_\_\_\_\_ Telephone *daytime* \_\_\_\_\_  
Street \_\_\_\_\_ *evening* \_\_\_\_\_  
City State ZIP code

## 2. Present custodian

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Custodian/trustee \_\_\_\_\_ Type of account being transferred or converted  
Address \_\_\_\_\_  Traditional IRA  
Street \_\_\_\_\_  Roth IRA – Five-year holding period starting year \_\_\_\_\_  
City State ZIP code  401(k) or 403(b) Roth Account  
 Employer Retirement Plan (403(b), 401(a), 401(k), or 457(b))  
Contact name \_\_\_\_\_  Beneficiary account of a Traditional or Roth IRA, 403(b),  
Qualified Plan, or 457(b) plan  
Telephone number \_\_\_\_\_  
Account number \_\_\_\_\_

### 3. Investment selection

I am opening a new account and have attached a new application.

I have an existing Roth IRA or beneficiary Roth IRA.

Invest the proceeds as follows:

Fund selection	Percentage	Existing Account No.
Genesis Portfolios		
Conservative (3171)	_____ %	_____
Balanced (3172)	_____ %	_____
Growth (3173)	_____ %	_____
Money Market Account (3156)	_____ %	_____
Impact Bond Fund (3157)	_____ %	_____
Value Index Fund (3160)	_____ %	_____
Growth Index Fund (3162)	_____ %	_____
Small Cap Index Fund (3161) (formerly named Small Cap Fund)	_____ %	_____
International Index Fund (3163)	_____ %	_____
Total	100 %	

### 4. Authorization

I would appreciate your prompt attention to this request.

**Conversion from traditional IRA**

I have established a Roth IRA account with Praxis Mutual Funds. Please convert assets in my traditional IRA to a Roth IRA as indicated in Section 5. I understand that a conversion to a Roth IRA is a taxable event and that the amount I convert will be reported as a taxable distribution to the Internal Revenue Service.

**Transfer from Roth IRA or Designated Roth Account**

I have established a Roth IRA account with Praxis Mutual Funds. Please liquidate or transfer assets in my account with you, as indicated in Section 5.

**Conversion from a 403(b), Qualified Plan, or 457(b) Plan**

I have established a Roth IRA with Praxis Mutual Funds. Please convert assets in my  403(b)  Qualified Plan  457(b) Plan to a Roth IRA as indicated in Section 5. I understand that I must be eligible to receive a distribution from my retirement plan in order to do this conversion. I am eligible for a distribution for the following reason:

- I have terminated employment with my employer
- I am currently over the age of 59 1/2 (403(b) only)

I understand that a conversion to a Roth IRA is a taxable event and that the amount I convert will be reported as a taxable distribution to the Internal Revenue Service.

**Conversion from a Beneficiary Account**

I am the beneficiary of a deceased participant in a 403(b), Qualified Plan, or 457(b) plan. I have established a beneficiary Roth IRA as indicated in Section 5. I understand that a conversion to a Roth IRA is a taxable event and that the amount I convert will be reported as a taxable distribution to the Internal Revenue Service. I also understand that after this conversion I must continue to receive required minimum distributions from my beneficiary Roth IRA account.

**For IRS reporting purposes** I am (check one):

- Less than age 59 1/2
- Age 59 1/2 or older

**Caution: If you are age 70 1/2 or older or this is a beneficiary account, you must withdraw your required minimum distribution for the year before converting.**

**Attention: Conversions must be reported to the IRS. The custodian/trustee sending the funds will report the distribution and the custodian/trustee receiving the assets will report the subsequent Roth IRA conversion.**

## 5. Authorization for transfer

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I authorize and direct you to send my assets as follows:

Liquidate  all or  part (\$\_\_\_\_\_ ) of the account indicated in Section 2 and transfer proceeds, in cash, to Praxis Mutual Funds  immediately or  at maturity.

Please make check payable to Praxis Mutual Funds, FBO (Investor name) Roth IRA.

Roth IRA account number \_\_\_\_\_

Along with a copy of this form, mail check to:

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c/o U.S. Bank Global Fund Services  
P.O. Box 701  
Milwaukee, WI 53201-0701

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## 6. Signature and certification

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I certify that I have established a Roth IRA with Praxis Mutual Funds, of which Everence Trust Company is the Custodian. I agree to contact my present Custodian from whom I am transferring to determine if specific documentation or a signature guarantee is required. I understand that I am responsible for determining my eligibility for all transfers or direct rollovers. I agree to hold the Custodian harmless against any and all situations arising from an ineligible transfer or direct rollover. I acknowledge that the Custodian or its agent cannot provide legal advice and I agree to consult with my own tax professional for advice.

I authorize U.S. Bank Global Fund Services, to act on my behalf in contacting the current custodian or plan administrator to facilitate the transfer of assets.

X \_\_\_\_\_  
Signature of owner Date

\_\_\_\_\_  
Medallion signature guarantee\*

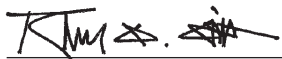
**Important:** Please contact your current custodian/trustee to determine if a signature guarantee is required.

*\*A signature guarantee may be obtained from any eligible guarantor institution, as defined by the Securities and Exchange Commission. These institutions include banks, saving associations, credit unions and brokerage firms. The words "signature guaranteed" must be stamped or typed near your signature. The guarantee must appear with the printed name, title and signature of an officer and the name of the guarantor institution. Please note that a Notary Public Seal or Stamp is not acceptable.*

## 7. Acceptance: Completed by Praxis

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Everence Trust Company agrees to accept the assets described above and credit them to the Roth IRA that has been established. Everence Trust Company accepts its appointment as successor custodian for the above IRA.



Authorized signature – Everence Trust Company

\_\_\_\_\_ Date