

1 ACCOUNT HOLDER INFORMATION

Account Holder's Name <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. _____	Advanta IRA Account Number
Home Address	City, State, Zip
Social Security Number	Phone

2 CONVERSION DETAILS

Type of Account being converted? <i>(select one)</i> <input type="checkbox"/> Traditional <input type="checkbox"/> SEP <input type="checkbox"/> SIMPLE	Is this conversion to a new or existing Roth IRA? <input type="checkbox"/> This a conversion to a new Roth IRA (Roth IRA Application Must Be Completed) <input type="checkbox"/> This conversion is to an existing Roth IRA: Account Number: _____
Form of Conversion: <input type="checkbox"/> Full Conversion (Convert all cash and assets in-kind) <input type="checkbox"/> Close Account <input type="checkbox"/> Partial Conversion (Only convert cash and/or assets as described below) <input type="checkbox"/> Cash Only: Amount \$ _____ <input type="checkbox"/> In-Kind*: Assets(s) to be distributed: _____	
Asset	Current Fair Market Value

*A current Fair Market Value must be provided to convert assets in-kind

3 SIGNATURE AND ACKNOWLEDGEMENT

Certification, Acknowledgement and Signature

- I certify that the information provided including my Social Security Number is true and correct to the best of my knowledge.
- I certify that no tax advice has been given to me by the Administrator or Custodian.
- This conversion is being made within 60 days after my receipt of funds from my traditional IRA plan or Employer Sponsored plan, if applicable.
- I hereby irrevocably elect, to treat this transaction as a conversion as permitted under the IRS Regulations.
- It is recommended that I consult with my tax advisor before completing this transaction.
- I acknowledge that the distribution and conversion transactions will be reported to the IRS.
- I acknowledge that I am responsible for the record keeping of the Roth IRA information.
- I expressly assume the responsibility for any adverse consequences which may arise from this conversion request and I agree that the Administrator and/or Custodian shall in no way be responsible for those consequences.
- I hereby release the Administrator, Office, and/or Custodian from any claim for damages on account of the failure of this transaction to qualify as a valid conversion.

Your Signature: _____

Date: _____