



# MADISON TRUST COMPANY

A Letter of Acceptance indicates Madison Trust's willingness to accept asset(s) that are to be transferred from another IRA or rolled over from a qualified retirement plan. Complete this form if you would like a Letter of Acceptance to be drafted by Madison Trust.

**Please complete and submit this form via one of the following methods:**

**Mail:** Madison Administration Company, One Paragon Drive, Suite 275, Montvale, NJ 07645 · **Fax:** (845) 947-1212 · **Secure Upload:** www.madisontrust.com/uploads

### A. ACCOUNTHOLDER INFORMATION

Accountholder name \_\_\_\_\_ Last four digits of SSN \_\_\_\_\_ Accountholder's Madison Trust Company Account Number \_\_\_\_\_

Type of Account at Madison Trust:  Traditional  Roth  SEP  SIMPLE

### B. REQUESTOR INFORMATION (if different from Accountholder)

Name \_\_\_\_\_ Firm \_\_\_\_\_ Phone number \_\_\_\_\_

Fax number \_\_\_\_\_ E-mail address \_\_\_\_\_ Today's date \_\_\_\_\_

### C. PLAN ADMINISTRATOR/CUSTODIAN INFORMATION

Current Plan Administrator/Custodian Name \_\_\_\_\_ Accountholder's Account Number at Current Plan Administrator/Custodian \_\_\_\_\_

Current Plan Administrator/Custodian Address (include city, state and ZIP) \_\_\_\_\_

Type of Retirement Plan/IRA with current plan administrator or custodian:  401(a) / 401(k)  403(b)  457(b)

Plan Name: \_\_\_\_\_

### D. FORWARDING AND OTHER INFORMATION

Accountholder wants funds sent to Madison Trust via:  Check  Wire (\$25 Incoming Wire Fee applies)

To whom and where should the Letter of Acceptance be forwarded?

Name \_\_\_\_\_ Firm \_\_\_\_\_

Send by (select up to 2 options)

Mail, to the following address: \_\_\_\_\_

Fax, to: \_\_\_\_\_

E-mail, to: \_\_\_\_\_

For Madison Trust. Please do not fill in.

#### Letter of Acceptance

Please be advised that Madison Trust Company, as Custodian, is qualified to accept the requested transfer, and will hold the asset(s) in an IRA for the benefit of our mutual client named above. The undersigned as an authorized signatory for Madison Trust Company, Inc. hereby accepts the transfer of the above mentioned retirement asset(s).

Authorized Madison Trust signature \_\_\_\_\_ Date (mm/dd/yy) \_\_\_\_\_