



FORM IROLL: ROLLOVER CERTIFICATION

IRA Account _____ - _____

1. PERSONAL INFORMATION

Full Name (First, Middle, Last)		I am the: <input type="checkbox"/> IRA Account Holder/QRP Plan Participant <input type="checkbox"/> Surviving Spouse Beneficiary <input type="checkbox"/> Alternate Payee designated in a QDRO
Social Security #	Date of Birth	

2. SOURCE OF ELIGIBLE ROLLOVER FUNDS

IRA (please indicate type of IRA below) **QRP- Qualified Retirement Plan (please indicate type of QRP below)**

___ Traditional/SEP	___ Profit Sharing/401k Plan	___ Defined Benefit Plan
___ Roth	___ Money Purchase Pension Plan	___ 457 Deferred Comp Plan
___ SIMPLE IRA	___ 403b Tax Sheltered Annuity	___ ESOP
	___ Other: _____	

3. ELIGIBLE ROLLOVER REQUIREMENTS

- Rollover contributions must be made within 60 days of my receipt of the funds
- Rollover contributions cannot include any amounts which represent a required minimum distribution
- Only the IRA account holder or QRP plan participant, surviving spouse beneficiary, or alternate payee identified in a Qualified Domestic Distribution Order (QDRO) is eligible to rollover funds
- IRA to IRA rollover contributions must consist of the same assets originally distributed
- IRA to IRA rollover contributions cannot consist of the assets that have been rolled over in the preceding 12 months, nor can they come from an IRA that has distributed assets that were rolled over in the preceding 12 months
- Rollovers from QRPs may consist of the proceeds from the sale of distributed property
- QRP Distributions taken on account of hardship cannot be rolled over
- Rollover contributions to a SIMPLE IRA can only consist of funds distributed from a SIMPLE IRA
- Assets can only be rolled over from a SIMPLE IRA to a traditional IRA after the two years of participation in the SIMPLE plan

4. DESCRIPTION OF ROLLOVER

THE ELIGIBLE ROLLOVER INDICATED ABOVE CONSISTS OF:

CASH IN THE AMOUNT OF \$ _____ AND/OR

THE FOLLOWING SECURITIES: _____

5. SIGNATURES (Subject to acceptance by the Custodian)

I have read and understand the eligible rollover requirements and I have met the requirements for making a rollover. Due to the important tax consequences of rolling over funds or property to an IRA or Qualified Plan, I have been advised to see a tax professional. All information provided by me is true and correct and may be relied on by the Custodian. I assume full responsibility for this rollover transaction and will not hold Wedbush Morgan Securities liable for any adverse consequences that may result.

I hereby irrevocably designate the contribution described above as a rollover contribution.

X _____
Participant's Signature (or signature of Parent or Legal Guardian) Date _____

X _____
Plan Administrator Acceptance (must complete if funds are to be deposited into a QRP) Date _____

X _____
Accepted for Sales office by Authorized Person Date _____

FOR WEDBUSH USE ONLY

IRA Manager _____ (Print Name) _____ (Signature) _____ (Date)