

IRA Conversion and Recharacterization Request Form



Complete this form to (a) convert your Traditional IRA to a new or existing Roth IRA or (b) recharacterize your contribution to a Traditional IRA.

Note: Effective January 1, 2018, a conversion from a Traditional, SEP, or SIMPLE IRA to a Roth IRA cannot be recharacterized. See IRS Publication 590-A for details.

Please complete all applicable fields using blue or black ink, and print clearly in capital letters.

1. Investor Information

<input type="text"/>		<input type="text"/>	<input type="text"/>
Full Legal Name (First, MI, Last, Suffix)		Social Security or Tax ID Number	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Daytime Phone Number	Evening Phone Number	Email Address	

2. Account Allocation Information

Indicate below how the conversion or recharacterization amount should be allocated from your fund(s).

Fund Name and Share Class	Fund Number	Full Account Number	Amount (\$ or %)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> \$ <input type="checkbox"/> % <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> \$ <input type="checkbox"/> % <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> \$ <input type="checkbox"/> % <input type="text"/>

3. Type and Method of Distribution

Convert Traditional IRA to a Roth IRA

Convert: All shares Dollar Amount \$ Percentage %

To: A new Roth IRA (Complete and return an IRA New Account Application)
 My existing Roth IRA below*

<input type="text"/>	<input type="text"/>
Fund Name and Share Class or Fund Number	Full Account Number

*I understand that commingling conversion assets with other assets is not recommended.

Recharacterize Contribution

Recharacterize my contribution of \$ for tax year from my Roth IRA

To: A new Traditional IRA (Complete and return an IRA New Account Application)
 My existing Traditional IRA below

<input type="text"/>	<input type="text"/>
Fund Name and Share Class or Fund Number	Full Account Number

4. Federal Income Tax Withholding – Substitute Form W-4P

Select one of the following to indicate your Federal income tax withholding. *Note: With the exception of Roth IRAs, if an option is not selected, 10% withholding will apply.*

- I elect to withhold 10% from each distribution;
- I elect to withhold % from each distribution: *Note: Amount must be in excess of 10%.*
- I elect not to have income tax withheld from my distributions. I understand that I may be responsible for payment of estimated tax and may incur penalties if estimated payments are insufficient.

5. State Income Tax Withholding

Certain states require withholding from retirement distributions. If you are a resident of one of the mandatory withholding states and elect to have Federal income tax withheld, the Custodian will automatically withhold the required amount of state tax.

Other states allow voluntary withholding from retirement distributions. To elect voluntary withholding, check the box below and indicate the amount you want withheld.

Please withhold \$ from each distribution and apply it to my state tax.

Note: You may waive Federal income tax withholding and still elect state income tax withholding.

6. Acknowledgements and Signature Authorization

By signing below, you:

- Assume full responsibility for all tax consequences of your elections.
- Agree that UMB Bank n.a., Federated, the funds, their affiliates and agents will not be responsible for any losses, claims, expenses and liabilities that result from accepting these instructions.

Please sign exactly as your name appears in the account registration.

<input type="text"/>	<input type="text"/>
Investor Signature	Date

7. Mailing Instructions

Please mail this form and any additional documentation to **The Federated Funds:**

Regular Mail:

P.O. Box 219318
Kansas City, MO 64121-9318

Overnight Delivery:

430 W 7th Street, Suite 219318
Kansas City, MO 64105-1407