



Complete **Section B** for Roth Conversion requests.
Complete **Section C** for Recharacterization requests.

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

Full name _____

Account number _____

B. ROTH CONVERSION

I wish to convert my Traditional IRA, SIMPLE IRA or SEP IRA account to a Roth IRA as indicated below. I understand that this conversion will be reported both as a distribution on which I may owe income tax and a conversion contribution to my Roth IRA.

I declare and make the following conversion election:

My existing IRA account number is: _____ Account Type: Traditional SEP SIMPLE

Select one: This is a conversion to an existing Madison Trust Roth IRA.

My Roth IRA Account Number is: _____

This is a conversion to a new Roth IRA — Please create a new MTC Roth Account.

Select one: This is a FULL conversion: Convert ALL assets (including cash) held in the existing account listed above. (This will close the existing account.)

This is a PARTIAL conversion:

Cash amount to convert \$ _____

Convert the following assets:

Asset name	Amount/shares to convert	Value

IMPORTANT: If converting asset(s) besides cash, you are required to provide us with an updated valuation of your asset(s) prior to the conversion.



C. RECHARACTERIZATION

I wish to recharacterize a contribution I previously made to the account listed below. I understand that it is my responsibility to ensure that this recharacterization complies with the tax laws and is within the time limits imposed by applicable tax law and to report the recharacterization on Form 8606 as required by those tax laws. I understand that the custodian will also recharacterize any income attributable to this contribution/conversion amount.

I declare and make the following irrevocable election:

Type of contribution/conversion recharacterization (Please select one)	Tax year	Amount to recharacterize	Date originally made
<input type="checkbox"/> Roth IRA Contribution to Traditional IRA Contribution		\$	/ /

Roth IRA Account FROM which to withdraw amount: _____

Traditional IRA Account TO which the deposit is to be made: _____

OR Check this box if you want to establish a new account.

D. SIGNATURE

Accountholder signature

Date