

Patten Free Library IRA Rollover Request to Plan Administrator

Date:		
Dear: (IRA Custodian Firm, Conta	ct Name and Address)	
Please accept this letter as my red		aritable distribution from my individual retirement
account #		
Please issue the distribution in t Make checks payable to the Patte		postmarked by December 31,
Development Office		
Patten Free Library		
33 Summer Street Bath, ME 04530		
with this transfer. If you have qu	uestions, please contact Sam lib.me.us or Lesley Doling	y name as the IRA owner of record in connection antha Ricker, Development Director, at 207-443 er, Library Director, at 207-443-5141 x.1015
The Patten Free Library EIN is 01	-0211539	
Please send me a copy of the trai	nsmittal. If you have any que	stions or concerns, please contact me at:
(mailing address)	Phone	Email
		
Sincerely,		
(signature)		(printed name)