

## PART 1. ACCOUNT OWNER INFORMATION

First Name:  M.I.:  Last Name:  Account #:

Last 4 SSN:  Date of Birth: (MM/DD/YYYY)  Email Address:

Account Type:

- Traditional IRA       Roth IRA       SEP IRA  
 Individual 401(k) Plan       Qualified Retirement Plan       SIMPLE IRA

## PART 2. ROLLOVER AMOUNTS

	Asset Description: (I.e., Cash Balance, Property Address, Policy ID, etc.)	Cash Amount:	Fair Market Value of Rollover Asset:
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>

**!** Rollover contribution(s) listed above are irrevocable designations.

## PART 3. ROLLOVER ELIGIBILITY INFORMATION

**!** Please note: In order for this Rollover Certification request to be processed, the following section must be completed.

### For Rollovers from another IRA (Select all that apply.)

- I received the assets from the distributing IRA within the last 60 days.  
.....
- This rollover contribution does not contain a Required Minimum Distribution (RMD).  
.....
- Within the last 12 months, I have not rolled over any other distribution from any of my IRAs. (Traditional, Roth, SEP, or SIMPLE IRA)  
.....
- I am rolling over the same assets that were distributed. **!** If you are rolling over assets or property from the IRA, this option must be selected.  
.....
- More than two years have passed since the first contribution to my SIMPLE IRA. **!** If this is a rollover from or into a SIMPLE IRA, this option must be selected.

**For Direct or Indirect Rollovers from an Eligible Employer-Sponsored Plan** *(Select all that apply.)*

I am the plan participant, spouse beneficiary, alternate payee of a qualified domestic relations order, or nonspouse beneficiary of the plan participant.

This rollover contribution is from an eligible employer-sponsored retirement plan.

This rollover contribution does not contain any ineligible rollover distribution amounts.

I am rolling over the same assets or the proceeds from the sale of those assets.

**!** If you are rolling over assets or property from the plan, this option must be selected.

I have received the assets from the distributing plan within the last 60 days.

**!** If the assets are not payable directly to your IRA, this option must be selected.

I am rolling over the designated Roth account assets into a Roth IRA.

**!** If your rollover contribution includes designated Roth account assets from a 401(k), 403(b), or governmental 457(b), this option must be selected.

**PART 4. ACCOUNT OWNER AUTHORIZATION**

I certify that all information provided by me is correct and may be relied upon by the Custodian. I understand that I am responsible for determining eligibility requirements related to my account(s) and investments and if necessary have sought assistance from qualified legal, tax, or investment professionals.

Signature of IRA Owner:

IRA Owner Name: *(Print or Type)*

Date: *(MM/DD/YYYY)*