

TRADITIONAL IRA ROLLOVER or DIRECT ROLLOVER DOCUMENTATION

(Do not use this form for any rollover to a Roth IRA)

IRA PARTICIPANT INFORMATION

Participant's Name: _____ Account No: _____

Residence Address: _____

SSN: _____ Birth Date: _____ Daytime Phone #: _____ Evening Phone #: _____

Type of IRA: Place these funds in a ☐ Traditional IRA ☐ SEP IRA ☐ SIMPLE IRA

PART I. ROLLOVER FROM ANOTHER IRA (OR ANOTHER SIMPLE IRA)

☐ I certify that the following statements are true and correct.

1. This rollover contribution is being made within 60 days after my receipt of funds from another IRA, in which I was either the participant or surviving spouse beneficiary, or in the case of a distribution from an IRA due to a first time homebuyer which is being rolled into this IRA because of a delay in the acquisition of the first time home, this rollover contribution is being made within 120 days after my receipt of funds from the distributing IRA.
2. During the 12-month period prior to my receipt of the distribution being rolled over, I have not received a distribution from the same IRA which was subsequently rolled over to another IRA, and the distribution being rolled over has not been part of a distribution from another IRA that was subsequently rolled over. (This rule does not apply to a delay in the acquisition of a residence for a first time homebuyer.)
3. I am not rolling over any required minimum distributions with respect to the distributing IRA plan.
4. If this rollover contribution represents a distribution from a SIMPLE IRA and I have not participated in my Employer's SIMPLE Plan for 2 years, this rollover contribution is being made into another SIMPLE IRA.

Date Employee First Participated in original SIMPLE IRA: _____

PART II. ROLLOVER/DIRECT ROLLOVER FROM AN EMPLOYER PLAN

☐ I certify that the following statements are true and correct.

1. The undersigned certifies that my employer's qualified plan, qualified annuity, 403(b) plan, governmental 457(b) plan, or the Federal Employee's Thrift Savings Plan has made or will make an Eligible Rollover Distribution which is either being paid in a Direct Rollover to the Custodian or Trustee of my IRA, or paid directly to me which I am rolling over no later than the 60th day after receiving the Eligible Rollover Distribution.
2. This Rollover/Direct Rollover is not part of a series of payments over my life expectancy(ies) or over a period of 10 years or more.
3. This Rollover/Direct Rollover does not include any required minimum distributions with respect to the employer's plan.
4. This Rollover/Direct Rollover does not include a hardship distribution, a corrective distribution, or a deemed distribution of a default from any employer's plan.
5. I certify that I am eligible to establish an IRA with this Rollover/Direct Rollover of an Eligible Rollover Distribution, and that I am one of the following: the plan participant; the surviving spouse of the deceased plan participant; or the spouse or former spouse of the plan participant under a Qualified Domestic Relations Order.
6. I certify that this Rollover/Direct Rollover does not contain a Designated Roth Contribution Account.

PART III. ADDITIONAL INFORMATION FOR ROLLOVERS BEGINNING AT AGE 70½

I received the distribution from the other plan on _____. This distribution ☐ is ☐ is not an outstanding rollover as of the prior December 31st.

I certify that this rollover does not include any required minimum from the distributing plan, or I certify that I have already satisfied my required minimum for the IRA being rolled over from another IRA.

SIGNATURE OF IRA PARTICIPANT

The undersigned hereby irrevocably elects, pursuant to IRS Regulation 1.402(a)(5)-1T to treat this contribution as a rollover contribution. I understand that this will not be a valid IRA rollover unless PART I or PART II (and, if applicable, PART III) are correct statements. I acknowledge that, due to the complexities involved in the tax treatment of eligible rollover distributions from qualified plans, qualified annuities, 403(b) plans, governmental 457(b) plans, or the Federal Employee's Thrift Savings Plan and rollovers/direct rollovers to IRAs, the Trustee/Custodian has recommended that I consult with my tax advisor or the Internal Revenue Service before completing this transaction to make certain that this transaction qualifies as a rollover and is appropriate in my individual circumstances. I understand rollover contributions are reported to the IRS. I hereby authorize the Trustee/Custodian to commingle regular IRA contributions with rollover/direct rollover contributions pursuant to PART II above. I understand that commingling regular IRA contributions with rollover/direct rollover contributions from employer plans may preclude me from rolling over funds in my rollover "conduit" IRA into another employer's plan. I hereby release the Trustee/Custodian from any claim for damages on account of the failure of this transaction to qualify as a valid rollover.

Date: _____ Signature of Participant: _____

Acceptance

Our organization agrees to serve as the new Custodian or Trustee for the IRA account of the above-named individual, and as Custodian or Trustee, we agree to accept the assets being transferred.

New Custodian or Trustee: Hand Benefits and Trust Company EIN #: 74-1977743

Address: 126 Business Park Drive, Building 2, Utica, NY 13502

Authorized Signature for Accepting Organization: Gregg Zimmerman Date: _____

