



401(k) Plan Rollover Contribution Form

This form is used to accept rollovers from another employer's Qualified Plan or from an Individual Retirement Account (IRA).

To invest your rollover contributions in _____ (plan name), complete all sections of this form and return it to your Plan Sponsor (Employer). If you have not already done so, complete a Beneficiary Designation Form.

1 Provide Information about You (please print)

1

Employee Name – Last, First, Middle Initial _____

Social Security Number _____

Rollover Rules You may request a rollover into the Plan of any amount that is an "eligible rollover distribution," as described in the tax notice regarding plan payments that should be provided with your distribution/transfer form from your prior employer's plan or IRA. Examples of *ineligible* rollovers include, installment payments that are part of a series running for 10 years or more, hardship distributions, required minimum distributions (RMDs), and After-tax rollovers from an IRA.

2 Rollover Amount

2

Provide the actual or estimated rollover amount: \$ _____

3 Deposit Instructions

Make check payable to: Matrix Trust Company

Reference on memo: TPA 311 ***must be on check**

3

Regular Mail:

P.O. Box 3595
New York, NY 10008-3595

Overnight Mail:

JP Morgan Chase – Lockbox Processing, Attn: Matrix Trust (DEN) – Lockbox 3595
4 Chase Metrotech Center, 7th Floor East, Brooklyn, NY 11245

4 Rollover Source

I certify that my rollover contribution will be paid from the following sources (check one or more):

- IRA (the amount rolled over is deemed to consist entirely of pre-tax contributions and earnings)
- 401(a) plan, including 401(k) plans, money purchase plans, profit sharing plans
- 403(b) plan
- Government Section 457 plan (special requirements may apply, see your tax advisor)
- Other, specify type: _____

4

Spousal beneficiary rollover information (if applicable)

- This rollover represents proceeds from my deceased lawful spouse's retirement plan
- This rollover represents a distribution payable to me as a lawful spouse (or former lawful spouse) alternate payee as a result of a QDRO

Traditional After-tax or Roth rollover information (if applicable)

Of the rollover amount in Section 2 above, please provide the specific After-tax or Roth information:

\$ _____ Amount

Initial Year of Roth Contribution: _____

\$ _____ Basis

5 Investment of your rollover

5

If you have a balance in the Plan, your rollover contribution will be invested based on your current investment election on file for future contributions. If you do **not** have a current balance in the Plan, you can select your investments online via the 401k Web portal (not viper) at <https://www.tagpay.com/my-401k-2/>.

6 Sign below so we may process Your Rollover Contribution

6

I request that the Plan accept the rollover contribution from my previous employer's qualified plan or my IRA. Any tax consequences related to this rollover are my responsibility and I agree that the Plan and TAG Employer Services will not be held responsible for these tax consequences. I additionally certify that the information in this form is complete and accurate.

Employee Signature _____

Date _____