



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). You will need to contact your prior provider and complete their required paperwork to initiate the process.

Provide Information about You (please print)

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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.

Rollover Amount

2

Provide the actual or estimated rollover amount: \$ _____

Deposit Instructions

Make check payable to: TAG Employer Services

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Mail to:

TAG Employer Services
20815 N Cave Creek Rd, Phoenix, AZ 85024

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: _____

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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

Investment of your rollover

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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/>.

Sign below so we may process Your Rollover Contribution

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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 _____