

## ROLLOVER CONTRIBUTION AND CERTIFICATION FORM

To roll over funds into your account, please complete:

1. Participant Information
  2. Rollover Information
  3. Participant Authorization
  4. Plan Administrator Authorization
- Fax the completed form to 816-218-0424.

### PARTICIPANT INFORMATION

Plan Name \_\_\_\_\_ Plan ID \_\_\_\_\_

First Name and Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ Daytime Phone Number \_\_\_\_\_

Evening Phone Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Hire \_\_\_\_/\_\_\_\_/\_\_\_\_

### ROLLOVER INFORMATION

I elect to deposit an eligible rollover distribution from the following plan type into my current employer's plan:

☐ 401(k) qualified retirement plan

or, as allowed by the plan, a rollover from:

- ☐ Conduit IRA
- ☐ 403(b) plan
- ☐ Governmental 457 plan
- ☐ Traditional IRA
- ☐ SIMPLE IRA

This rollover amount is coming from a retirement plan that is (*check one*): ☐ Related ☐ Unrelated to another retirement plan sponsored by my current employer.

Gross amount of distribution: \$ \_\_\_\_\_

Date distribution issued: \_\_\_\_/\_\_\_\_/\_\_\_\_

Pretax contributions and earnings (taxable amount of distribution): \$ \_\_\_\_\_

After-tax contributions (excluding Roth 401(k) contributions): \$ \_\_\_\_\_

Note: After-tax contributions may only be directly rolled over from a Code Section 401(k) qualified plan or annuity or from a Code Section 403(b) tax-sheltered annuity to either a 401(k) qualified plan or annuity or a 403(b) tax-sheltered annuity.

### CHECK INFORMATION

Please request that checks from your former plan, or IRA custodian, be made payable to your current plan as follows:

**T. Rowe Price Retirement Plan Services**

**FBO: [participant's name]**

**Plan Name/Plan ID**

Please have checks mailed to:

**Regular Mail:**

T. Rowe Price Retirement Plan Services  
P.O. Box 8374  
Boston, MA 02266-8374

**Overnight Mail:**

T. Rowe Price Retirement Plan Services  
30 Dan Road  
Canton, MA 02021-2809

## PARTICIPANT AUTHORIZATION

I authorize the plan administrator and trustee of my current plan to invest this contribution in the Plan as a rollover, in accordance with my current investment elections. I certify that the entire amount is eligible for rollover, and I further understand that if a determination is made that the rollover was an invalid rollover, the amount of the invalid rollover, plus any earnings attributable to it, will be distributed to me within a reasonable time after such determination is made. I agree to notify the plan administrator or trustee of this retirement plan upon receipt of information about such determination. I received, read, and understand the investment information for each fund I have previously selected.

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

## PLAN ADMINISTRATOR AUTHORIZATION *(to be completed by the plan administrator)*

As plan administrator, I accept the rollover amount indicated on this form. I have determined the rollover to be proper and verified that this employee is eligible to establish a rollover account in the plan.

Plan Administrator Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_