

ROTH IRA ROLLOVER ELECTION

Name of Financial Organization

Roth IRA Owner Information

_____ Name	_____ Social Security Number	_____ Date of Birth ext.
_____ Address	_____ Home Phone Number	_____ Daytime Phone Number
_____ City/State/Zip	_____ Account Number	

Source of Rollover Deposit

- ROLLOVER FROM ROTH IRA — This deposit is a rollover of assets I received from a Roth IRA.
- ROLLOVER FROM A TRADITIONAL, SEP, or SIMPLE IRA — This deposit is a CONVERSION of assets I received from a Traditional, SEP, or SIMPLE IRA.
- ROLLOVER FROM ROTH 401(k) OR ROTH 403(b) — This deposit is a rollover of assets I received from a Roth 401(k) or a Roth 403(b).

NOTE: If you are age 70½ or older this year, rolling over or converting your required minimum distribution amount from your Traditional IRA, SEP IRA, SIMPLE IRA, Roth 401(k), or Roth 403(b) to your Roth IRA is prohibited. In addition, a spouse beneficiary may not roll over or convert a death required minimum distribution.

Rollover Election

I acknowledge that I am making an election to treat this deposit of \$ _____ as a rollover or a conversion contribution.

Signatures

I understand that the rollover contribution must occur within 60 days (unless an exception applies) after receipt of the distribution, and that I have the responsibility to determine what part, if any, of my distribution is eligible for rollover. I certify that, to the best of my knowledge, the information provided on this form is true and correct and may be relied on by the Trustee/Custodian. Due to the potential tax consequences of this transaction, I agree to seek the advice of a legal or tax professional, as needed. The Trustee/Custodian has not provided me with any legal or tax advice, and I assume full responsibility for this transaction. I will not hold the Trustee/Custodian liable for any adverse consequences that may result from this transaction.

Signature of IRA Owner

Date

Authorized Signature of Trustee/Custodian

Date

Office
Use Only