IRA ROLLOVER FORM - Employee Sponsored Program to Client or Custodian

1. Client Name:_____

Date of Birth: _____ Rollover Amount: _____

	Current Plan	Proposed IRA
2. Plan Name:	_____	_____
Sub Account Fee:	_____	_____
Annual Fee:	_____	_____
Share Class:	_____	_____

Explanation as to why Rollover is appropriate: _____

_____

_____

3. Rollover requirements

- The funds or securities deposited into the IRA or Qualified Plan must be deposited within 60 days of receipt;
- Rollover deposits cannot include any distributions which are part of a series of substantially equal periodic payments;
- Rollover deposits cannot include any distributions which represent a required minimum distribution;
- Rollover deposits must consist of the same assets originally distributed;
- On an IRA to IRA rollover, the assets cannot have been involved in a rollover in the past 12 months;
- Rollovers from Qualified Plans may consist of the proceeds from the sale of distributed property;
- Rollovers from Qualified Plans can consist only of tax deferred funds;
- Rollover deposits to a SIMPLE IRA can consist only of funds or securities distributed from a SIMPLE IRA;
- If I choose to make contributions to my rollover IRA, I understand that combining regular IRA contributions with rollover/direct contributions from employer plans may preclude me from rolling over these funds into a subsequent employer's plan.

4. Acknowledgements

I understand that there are a number of options available to me which include:

- Rolling my assets to my current employer's plan (if you have a new job and the plan permits it).
- Keep your assets in your former employer's plan (if the plan permits it).
- Rolling my plan assets into an IRA
- Take a distribution in cash (taxes will apply and withdrawal penalties may apply).

I further understand that before making the decision to rollover my account I considered my retirement plan options carefully which includes but may not be limited to:

- The benefits and penalties involved including any withdrawal penalties.
- Investment or account related fees and expenses.
- Differing levels of service available.
- Required minimum distributions.
- Tax consequences which may vary based on my state and individual situation.

5. Signatures and Acknowledgements

This Investment was: ☐ Recommended by my representative ☐ Not recommended by my representative

_____ _____

Owner's Signature Date Print Name

I have appropriately acted on behalf of my client by reviewing all possible situations with regards to the above transaction. I believe the information provided is complete and accurate to the best of my knowledge and that this transaction is suitable for the client.

_____ _____

Representative's Signature Date Print Name

By signing below the Principal acknowledges that he/she has reviewed the investment for suitability.

_____

Principal's Signature Date

(11/2023)