

# Rollover Authorization Form

PDC Daily - Rev. Aug-09

INSTRUCTIONS: Contact your prior employer to get your rollover check, then complete Sections A and C of this form. **Rollover checks should be made payable to Wachovia Bank Daily Retirement Services, FBO: PLAN NAME and YOUR NAME. Please include your name on the memo line of the rollover check.** Return the completed form with the check to your current employer for completion of Section D and page 2. Current Employer: **Mail the completed Rollover Deposit form and check to: Wachovia Bank Daily Retirement Services, Attn: Funds Processing, 1525 West W.T. Harris Blvd., Charlotte, NC 28288. Please fax or email all copies completed forms and check to Pension Dynamics Corporation.**

## SECTION A – EMPLOYEE DATA (PLEASE PRINT OR TYPE)

Name of Current Company / Plan (must complete):

Name:	SSN:	Home Phone:
Address:		
Date of Hire:	Date of Birth:	Marital Status:

## SECTION B – INVESTMENT DIRECTION (PLEASE COMPLETE)

We will apply your current investment direction unless you select different investment directions by calling Pension Dynamics Daily Link at 1-800-888-1998 or accessing our website, [www.pensiondynamics.com](http://www.pensiondynamics.com).

**NOTE: If you do not select your investment directions, your contributions and/or account balance will be invested in your plan's default investment direction.**

## SECTION C –EMPLOYEE AUTHORIZATION

Your 401(k) Retirement Plan accepts direct CASH rollovers from other qualified plans or from an existing Rollover Individual Retirement Account (IRA) that contains money from another tax-qualified plan, not including any after tax contributions.

**Complete the following section for a rollover from an existing tax-qualified plan.**

Fair Market Value of the total distribution: \$ \_\_\_\_\_ Amount to be rolled over: \$ \_\_\_\_\_

Former Company/Plan Name: \_\_\_\_\_

Is the Plan qualified under Section 401(a), 403(a), 401(k), 457, 408(a), or 408(b) of the Internal Revenue Code?  Yes  No

I hereby certify the above information, to the best of my knowledge, is a true and accurate statement of the facts set forth and may be relied upon to determine the eligibility for rollover to a qualified plan. I further acknowledge that; I was entitled to the distribution as an employee, not as a beneficiary, the distribution was not one of a series of periodic payments, the distribution was received not more than 60 days before the date of the rollover contribution, and the entire amount being rolled over would be includible in my income if it were not being rolled over.

**NOTE: Rollover checks should be made payable to Wachovia Bank Daily Retirement Services, FBO: Plan Name, Your Name. Please include your name on the memo line of the rollover check**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Complete the following section for a rollover from a Rollover IRA.**

Fair Market Value of the total distribution: \$ \_\_\_\_\_ Amount to be rolled over: \$ \_\_\_\_\_

Have any non-deductible IRA contributions (i.e., \$3,000 type) been made to this account?  Yes  No

If yes, this IRA is not eligible to be rolled into the Plan.

I hereby certify the above information, to the best of my knowledge, is a true and accurate statement of the facts set forth and may be relied upon to determine the eligibility for rollover to a qualified plan. I further acknowledge that the contribution to the conduit IRA was made not more than 60 days after I had received payment from the distributing plan, no amounts other than distributions from qualified plans were contributed to the conduit IRA, and the distribution from the conduit IRA was made not more than 60 days before the rollover contribution to the recipient plan.

**NOTE: If you have not previously completed a Beneficiary Designation Form, you must complete one now!**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## SECTION D – PLAN TRUSTEE / PLAN REPRESENTATIVE AUTHORIZATION

<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Signature:
Date:	Print Name:

# Rollover Check Deposit Form

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**Rollover checks should be made payable to:**

*Wachovia Bank Daily Retirement Services, FBO: The Plan Name, YOUR Name.*

## THIS SECTION – TO BE COMPLETED BY EMPLOYEE and SUBMITTED WITH ROLLOVER CHECK

Name of Plan To Deposit Money Into (required):

Participant Name:

Social Security #(last 4 digits):

Email Address:

XXX-XX- \_\_\_\_\_

Address:

City, State and Zip:

Daytime Phone Number:

Evening Phone Number:

Cell Phone Number:

Amount of Rollover Check to be Deposited: \$ \_\_\_\_\_

Date \_\_\_\_\_ Signature of Employee \_\_\_\_\_

### **CURRENT EMPLOYER:**

**Mail/Overnight the rollover check with this completed form to:**

*Wachovia Bank Daily Retirement Services  
Funds Processing  
Attn: Yvonne Richmond/ASP Team  
1525 West W.T. Harris Blvd.  
Mail Code: D1116-055  
Charlotte, NC 28288*

**Questions regarding this form can be directed to Pension Dynamics Corporation – Loans & Distribution Department at (925) 956-0505 ext 232 or 235**