

ROLLOVER CONTRIBUTIONS

A guide to moving outside retirement accounts to your new employer.

CONTACT INFORMATION

Distribution Department

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If you would like to consolidate other qualified retirement accounts (401(k), 403(b) or IRA etc.) into your current employer's qualified plan, please follow the instructions below. Note that your plan must allow for rollovers and the in-house Benefits Administrator of your current plan must sign the completed rollover authorization form.

Follow these steps to move your outside retirement account to your current employer:

- 1. Confirm that your plan accepts the type of retirement account that you wish to roll over.** For confirmation of account type, contact your in-house Benefits Administrator.
- 2. Contact your previous employer.** Inform them that you would like to take a distribution and roll it over into your current employer's plan. Then, request that they issue a check made payable to Wells Fargo, for the benefit of your current employer's plan name, your name and current employer's plan number* (if you do not know your employer's plan number, contact your in-house Benefits Administrator) and have the check mailed to your attention.
**Example: If your name is Jayne Smith, the check is made payable to Wells Fargo, N.A., FBO: ABC Retirement Plan, Jayne Smith #88000999.*
- 3. Submit your rollover.** Upon receipt of your rollover check, submit the completed Rollover Authorization form and check to your in-house Benefits Administrator for approval. Once approved, provide copies of the signed Rollover Authorization form, Rollover Check Deposit form and the check to distributions@pensiondynamics.com. Please mail the check and the Rollover Check Deposit form to Wells Fargo as referenced on the Rollover Check Deposit form. Do not mail the Rollover Authorization form to Wells Fargo.

Important information before you begin

Each rollover must be accompanied by the rollover authorization form, approved and signed by a trustee of the plan. Rollover checks should be made payable to Wells Fargo, for the benefit of your current employer's plan name, your name and current employer's plan number. *See example above.*

Direct Rollover

A direct rollover involves arranging for the transfer of your retirement plan assets directly from your old employer's plan to your current employer's plan or an IRA. With a direct rollover, you never actually take receipt of the retirement plan funds. The funds go directly from the old plan trustee to the trust of the new plan or IRA. A direct rollover has few tax complications, and you are not limited to moving the funds once a year (as is the case with indirect rollovers).

Indirect Rollover

With an indirect rollover, the trustee of your old retirement plan distributes the funds to you, and then you transfer the monies to the trustee of your IRA or to the trustee of another employer-sponsored retirement plan. There are some complications and potential pitfalls with indirect rollovers. With an indirect rollover, your old employer will withhold the mandatory 20% Federal Income tax. If you wish to complete a tax-free rollover, you must rollover 100% of the amount distributed to you from your old plan. With an indirect rollover, you may end up paying income tax (and perhaps penalties) on the entire distribution amount unless you rollover the amount of the plan distribution within 60 days (beginning with the date you received the funds) to a traditional IRA or to your current employer's plan.

For more information on rollovers, go to: www.pensiondynamics.com/resources

ROLLOVER AUTHORIZATION

INSTRUCTIONS: Complete the Rollover Authorization Form, the Rollover Check Deposit Form, and a Beneficiary Designation Form (if you have not previously completed one). Return these forms per the instructions on the cover page (see #3).

Plan Name: _____

Example "ABC Company 401(k) Retirement Plan" If you are unsure about your Plan Name, please contact your human resources or benefits department.

SECTION 1. EMPLOYEE INFORMATION

Name Social Security Number

Address

City State Zip Code Marital Status Date of Birth

Personal E-mail Address Daytime Phone Number Evening Phone Number

A. COMPLETE THIS SECTION FOR A PLAN TO PLAN ROLLOVER

First year of designated Roth contribution under prior plan

Pre-Tax Rollover Amount Roth Rollover Amount

Former Plan Name: _____

By signing below you:

- 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 sixty (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. Initial Here _____

B. COMPLETE THIS SECTION FOR A ROLLOVER FROM A ROLLOVER IRA

Pre-Tax Rollover Amount

By signing below you:

- 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 sixty (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 not made more than sixty (60) days before the rollover contribution to the recipient plan.
- I also acknowledge that I have not made any non-deductible IRA contributions to this account. Initial Here _____

SECTION 2. EMPLOYEE AUTHORIZATION

Signature

Date

SECTION 3. PLAN SPONSOR APPROVAL

Signature

Date

Name

ROLLOVER CHECK DEPOSIT

Rollover checks should be made payable to:

Wells Fargo Bank, N.A.

The memo line should include the following (if not included, we cannot process the rollover):

The Plan Name, Plan #*, and FBO: Participant Name.

***Please contact your in-house Benefits Administrator for the Plan number.**

SECTION 1. PLAN TO DEPOSIT ROLLOVER INTO

Plan Name (Required): _____

Plan# (Required)

Rollover Check Amount

SECTION 2. EMPLOYEE INFORMATION

Name Last four digits of SSN Date of Birth

Address Personal E-mail Address

City State Zip Code Daytime Phone Number Evening Phone Number

SECTION 3. EMPLOYEE AUTHORIZATION

Signature Date

SECTION 4. MAILING INSTRUCTIONS

Scan, email or fax a copy of these forms and the rollover check to Pension Dynamics Distribution Department, at distributions@pensiondynamics.com.

Mail/Overnight the rollover check with this Rollover Check Deposit form to:

Wells Fargo Bank, N.A.
Attn: ASP Team
1525 West W.T. Harris Blvd.
Building 3C5, Mail Code: D1116-055
Charlotte, NC 28262