



ROLLOVER ACCEPTANCE FORM FOR QUALIFIED RETIREMENT ASSETS

INSTRUCTIONS AND DOCUMENTATION

This form will enable you to have assets rolled over from a qualified company retirement plan or Individual Retirement Account (IRA) into a qualified retirement plan that is managed on the RPGFocus Retirement platform. Please be aware that rollovers are not permitted from a Roth IRA. If you are processing a rollover from a SIMPLE IRA, the SIMPLE IRA must have been opened more than two years before a rollover to a qualified account is permitted.

In order to process a rollover into your account on the RPG Focus, kindly complete and sign the form below and send the form to the RPG Support Department by email, fax, or upload to our secure portal on our website along with the following documentation:

- A recent account statement detailing the breakdown of Money Source Types (pre-tax vs. Roth/after-tax)
- If your account contains Roth assets, a statement which shows the Basis Amount for your Roth contributions and the first year for which a contribution was made.
- If your account contains after-tax assets, a statement which shows the Basis Amount for your after-tax contributions.
- If possible, a copy of the check that was issued.

SECTION A – PERSONAL INFORMATION

Plan/Employer Name:	_____		
Name:	_____	E-Mail Address:	_____
Address:	_____	Home Telephone:	_____ - _____
Apt/Suite:	_____	Date of Birth:	____/____/____
City, State, Zip:	_____	Date of Hire:	____/____/____
Social Security #:	_____		

SECTION B – ASSET HOLDER INFORMATION

Prior Employer Name (if applicable): _____

Prior Financial Institution Name: _____

Account Number: _____

Account Type:

- Employer Sponsor Defined Contribution Plan (401(k), 403(b), 457(b))
- Traditional IRA
- Simple IRA
- SEP-IRA
- Other _____

SECTION C – ROLLOVER ASSET TYPE

<input type="checkbox"/> Pre-tax Assets	Amount \$	_____		
<input type="checkbox"/> Roth Assets	Amount \$	_____	Year of First Contribution	_____ Basis Amount _____
<input type="checkbox"/> After-Tax Assets	Amount \$	_____	Basis Amount	_____

I certify that this rollover represents all or part of a qualified total distribution from my previous employer's qualified plan or from an IRA. I received the distribution from the former qualified plan or IRA within the last 60 days. I am processing this rollover within 60 days of receiving the distribution from my former employer's qualified plan and no additional non-qualified monies are included in this rollover.

_____	_____	_____
Date	Name (Please Print)	Signature