

# ROLLOVER ACCEPTANCE FORM

## INSTRUCTIONS AND DOCUMENTATION

This form will enable you to have roll over assets from a Qualified Retirement Plan or IRA into your current Employer-sponsored Qualified Retirement Plan on the RPGFocus Retirement Platform. Please be aware that rollovers are not permitted from Roth IRAs. If you are seeking to rollover a SIMPLE IRA, the IRA must have been opened more than two years before a rollover is permitted. In order process a rollover into your retirement account on the RPGFocus Platform, kindly complete, sign and return this form along with the following documentation to the RPG Support Department by email, fax, or secure file upload available at <https://files.rpgconsultants.com/filedrop/Support>:

- A recent account statement detailing the breakdown of Money Source Types (pre-tax vs. Roth vs. 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 – ROLLOVER ASSET INFORMATION

Prior Employer/Plan Name (if applicable): \_\_\_\_\_

Holding Financial Institution Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Account Type:  Employer Sponsor Defined Contribution Plan (401k, 403b, 457b)

Repaying Coronavirus Related Distribution (within 3 years of distribution)

Traditional IRA

Simple IRA

SEP-IRA

Other \_\_\_\_\_

## SECTION C – ROLLOVER ASSET TYPE

Pre-tax Assets    Amount \$ \_\_\_\_\_

Roth Assets        Amount \$ \_\_\_\_\_ Basis Amount \$ \_\_\_\_\_ Year of First Contribution \_\_\_\_\_

After-tax Assets    Amount \$ \_\_\_\_\_ Total Earnings: \$ \_\_\_\_\_ Total Contributions: \$ \_\_\_\_\_

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.

\_\_\_\_\_

DateName (Please Print)Signature