181 S. Franklin Avenue, Suite 202
Valley Stream, NY 11581
Phone: 212-947-4800
Fax: 212-947-4866
support@rpgconsultants.com
www.rpgconsultants.com

ROLLOVER ACCEPTANCE FORM FOR QUALIFIED RETIREMENT ASSETS

This form will enable you to 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 roll over a SIMPLE IRA, the IRA must have been opened more than two years before a rollover is permitted. In order to 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 Types/Sources (pre-tax vs. Roth vs. after-tax).
- If your rollover contains Roth assets, your statement must include a breakdown (since inception) of the Roth contribution basis or recovered contributions, as well as the first year of Roth contributions.
- If your rollover contains after-tax assets, your statement must include a breakdown (since inception) of after-tax contribution basis and/or earnings.
- If you are already in possession of your rollover check, please email us a copy or image of the check with your form.

SECTION A – PERSONAL INFORMATION

Plan/Employer Name: ______________________________

Full 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 distribution from an IRA or former Employer's Qualified Retirement Plan, or a Coronavirus-Related Distribution taken from an IRA or Qualified Retirement Plan within 3 years of the March 2020 CARES Act. I certify that no other assets are included in this rollover.

____________	____________	____________
Date	Name (Please Print)	Signature