

Rollover Into Plan Form



Plan Name: _____
Employee Name: _____ SSN: _____
Address: _____
City: _____ State: _____ Zip Code: _____

ROLLOVER ELIGIBILITY – Your current Plan Administrator will need to verify that you are eligible to make a rollover contribution and that the amount to be rolled over to the Plan is an eligible rollover distribution under the terms of the Plan and the Internal Revenue Code.

Prior Plan Type (Check applicable plan type):

- 401(k) Qualified Plan – Check here if the rollover will include employee “after-tax” contributions*
- Roth 401(k) Qualified Plan – Cost basis for Roth Contributions: _____, date of first Roth Contribution: _____
- 403(b) Plan
- Governmental 457(b) Plan
- Traditional IRA, including a SEP IRA
- SIMPLE IRA**

**Documentation from the prior plan to evidence the amount of after-tax contributions (exclusive of earnings), and if Roth, the year of the first contribution, must accompany the rollover, otherwise all amounts received will be recorded as tax deferred. **Available for amounts not subject to Section 72(t)(6) of the Internal Revenue Code, i.e. must satisfy the two-year holding period.*

Step 2

ENROLLMENT – If you are not yet enrolled in the Plan or have yet to provide investment instructions to Benefit Consultants Group, you must complete the following section and submit them to your Plan Administrator for approval:

Investment Election: I hereby direct the Trustee to invest my rollover as follows: **(Please indicate in whole percentages totaling 100%. If no election is made the default for investment is the Cash Equivalent Fund).**

| | |
|---------------|---------------|
| _____ % _____ | _____ % _____ |
| _____ % _____ | _____ % _____ |
| _____ % _____ | _____ % _____ |
| _____ % _____ | _____ % _____ |
| _____ % _____ | _____ % _____ |

_____ Please allocate to the existing investment elections already established on my account

Step 3

Beneficiary Designation form

Primary Beneficiary*: _____

Date of Birth: _____ Relationship: _____ Social Security No. _____

Secondary Beneficiary: _____

Date of Birth: _____ Relationship: _____ Social Security No. _____

**If primary beneficiary is an individual other than your spouse, your spouse’s consent is required below.*

Signature of Employee: _____ Date _____

Spouse's Consent to Waiver: I hereby consent to the designation made by my spouse to have pre-retirement death benefits paid to the named beneficiary specified in the foregoing election. Further, I hereby acknowledge that I understand (1) that the effect of such designation is to cause my spouse's death benefit to be paid to a beneficiary other than me in the form specified therein; (2) that such a beneficiary designation is not valid unless I consent to it; and (3) that my consent is irrevocable unless my spouse revokes the beneficiary designation.

Executed this _____ day of _____, 20_____

Witness' Signature: _____ Signature of Spouse: _____

Witness must be Plan Representative or Notary Public.

EMPLOYEE AUTHORIZATION – I participated in the Prior Plan, an eligible retirement plan as described in Section 402(c) of the Internal Revenue Code. I request that benefits accrued under the Prior Plan be credited to my Plan account under the group number above as a rollover contribution. I understand that if I am currently enrolled in the Plan, my rollover contribution will be allocated among the investment options based upon my current investment elections. I understand that I may change my current or future allocation instructions at any time under the Plan's procedures.

Employee's Signature (Required)

_____/_____/_____
Date

PLAN ADMINISTRATOR AUTHORIZATION – As the Plan Administrator, I certify that the employee is eligible to make a rollover contribution to the Plan. On behalf of the Plan, I accept the eligible rollover distribution from the Prior Plan as instructed in this request. I certify that I have obtained any Beneficiary Designation and Spousal Waiver Consent forms that may be required by the terms of the Plan.

Plan Administrator Signature (Required)

_____/_____/_____
Date

Step 4

REQUEST THE BENEFIT CHECK – If you have not done so already, complete any applicable withdrawal forms and submit them to your Prior Plan Administrator or IRA provider. For a direct rollover, please provide your Prior Plan Administrator or IRA Provider with the following information:

Checks should be made payable to:

Freedom Account
FBO (Plan Name, Plan Number)
Participant's SSN in notes field

Your Rollover Check Must Be Accompanied By This Form

Checks should be mailed to:

Benefit Consultants Group
600 Delran Parkway Suite B
Delran, NJ 08075

Step 5

SUBMISSION – Submit this form to Benefit Consultants Group along with your rollover check using the mailing address above.

Questions? Customer Service Specialists available Monday through Friday, 8:00 a.m. to 8:00 p.m. and Friday, Eastern Time, excluding holidays at 800-524-4015 option 4.