

### **INSTRUCTIONS**

This form is to be completed by an active employee who has a prior qualified retirement account they wish to rollover into the plan.

#### **EMPLOYER INSTRUCTIONS:**

- 1. Verify funds are eligible to be rolled into the plan according to the IRS Regulation 1.401(a) (31)-1 and follow the steps within the Qualification of Rollover section to reasonably determine the assets are eligible for rollover.
- 2. If funds are eligible for rollover, complete Section A and provide to employee.
- 3. Maintain the original rollover form.

### **EMPLOYEE INSTRUCTIONS:**

- 1. Complete Sections B-D.
- 2. Mail a copy of the completed form and rollover check(s) to PAi at the following address:

PAi

P.O. Box 60

De Pere, WI 54115

# **QUALIFICATION OF ROLLOVER**

### **DIRECT ROLLOVER**

### Rollover from a qualified plan:

- Check (or check stub) identifies the distributing plan and the participant identifies the name of the prior employer.
- The Plan Administrator of the distributing plan provides a letter to the administrator of the receiving plan stating the distributing plan satisfies the 401(a) requirements or is intended to satisfy those requirements and the distributing Plan Administrator is not aware of any provision or operation that would result in disqualification.

#### Rollover from an IRA:

- Check (or check stub) identifies the distributing IRA and individual's name as the source of the funds.
- 2. Employee certifies:
  - a. Rollover money does not include any aftertax money.
  - b. Will not reach age 70.5 by the end of the year in which the check was issued. Both identified on rollover form.

# **INDIRECT 60 DAY ROLLOVER**

Employee provides documentation of distribution from IRA or Qualified Plan.

- 1. Copy of distribution check
- 2. Copy of statement showing the withdrawal

Additional information required if rolling over withdrawal past 60 day timeframe.

## SECTION A: AUTHORIZED EMPLOYER REPRESENTATIVE SIGNATURE

As an Authorized Employer Representative of the Plan, I certify I have followed the necessary requirements outlined in the rollover instructions to ensure the money is eligible to be rolled over into this Plan. I understand if a cash distribution is being rolled over, it must be deposited within 60 days of the distribution from the prior account. If it is past the deadline, the Employee must qualify for a 60-day waiver and self-certify the rollover, in order to deposit the rollover into the Plan. PAi may require additional information and documentation.

Authorized Employer Representative Signature	Date	
Print Name		



SECTION B: EMPLOYEE INFORMATION					
Company Name:					
Employee Name:					
Social Security #:			Date of Birth:		
Address:			Apt/Suite #:		
City:			State:	Zip:	
Email Address:			Phone #:		
SECTION C: R	OLLOVER CHECK INFORM	ATIO	N		
CHECK PAYABL *Payable applicable for I				FBO Employee Name.	
ROLLOVER TYP  UN-RELATED  RELATED			401(a) Qualified Plan: P (such as a Pension, Profit Shaplan)  401(a) Qualified Plan: A (Selection of the Roth 401(k), Roth Basis and Roth Year from qualified plan transfer only.)  Traditional/Conduit IRA only assets that have been provertiement plan as defined by does not include any after-tail reached age 70 ½ by the endissued.)		
			Simple IRA SEP Governmental 457 403(b)		

# **SECTION D: EMPLOYEE SIGNATURE**

As an Employee in the Plan, you must direct the investment of your future and current contributions by use of the internet website or a toll-free number. If you do not currently have access, see your retirement plan contact for login information. Please be sure to see your investment advisor and the investment fund material (prospectus) for information on the funds.

I wish to deposit the enclosed rollover check to the above-named plan. I understand the deposit will be in accordance with my current investment elections in place at the time of deposit. If I have not elected to direct the investment of my account, I understand my funds will be invested in the default fund for the Plan as selected by my Employer. I also certify this rollover is an eligible rollover distribution according to IRS regulations. As the owner of the rollover assets, I understand it is my responsibility to be aware of the risk and liabilities of the intended rollover with regard to my personal exposure to liability claims and claims of





creditors. These risks may vary from state to state and the Employer and/or Trustee(s) cannot accept responsibility for managing that risk for the individual employees.

If I am rolling over a cash distribution from another plan (indirect rollover), I acknowledge the rollover check must be deposited within 60 days of the distribution from the prior account. If past the deadline, I must qualify for certain reasons that a rollover check can still be deposited after that timeframe. I will contact your office to review the situation to verify if I qualify for a waiver. If qualified, I must certify the rollover and additional documentation may be required.

I understand rollover funds will not be available for withdrawal transactions until eleven business days following the confirmed date of the trade and once deposited in the Plan, will be subject to all provisions of the Plan. My signature indicates acceptance of the available options for directing current and future investments and accessing Plan options.

	<b>LOAN OFFSET</b> (check only if rollover amounts are for loan offset) — I confirm the amount of a loan from an unrelated plan that was offset as part of a total the time of the offset, the loan was current and had not been previously default. I acknowledge that a loan offset must be rolled over by the due of the taxable year in which the loan was offset.	ermination distribution. I further confirm that y taxed as deemed distribution due to
Employee	Signature	Date

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PAi P.O. Box 60 De Pere, WI 54115