

INCOMING ROLLOVER APPROVAL FORM



Accepting Plan Name _____

Participant Name _____ Social Security Number _____

Request for Rollover Contribution

At the discretion of the Plan Administrator, if you are an eligible employee, you may be permitted to deposit into the Plan distributions you have received from other plans and certain IRAs. The Plan Sponsor will use this form along with any additional documentation you attach to review and approve (as appropriate) your request.

Type of Account (select one of the following)

Company sponsored retirement plan with my former employer:

☐ Governmental 457(b)

☐ Qualified Plan (e.g. profit-sharing, 401(k), money purchase and defined benefit plans)

☐ 403(b)

Complete Name of Former Employer's Retirement Plan _____

Individual Retirement Accounts (IRA):

☐ Traditional IRA*

☐ SIMPLE IRA**

☐ SEP IRA

* Roth IRAs are not eligible for rollover to a qualified plan

** SIMPLE IRAs can be rolled over to a qualified plan only after the 2-year period has expired

Expected Rollover Amount

Do you have an outstanding loan in default from another provider of the City of Costa Mesa 457(b) Plan?

☐ YES

☐ NO

If YES, you acknowledge, per the terms of the Plan Document, that you are ineligible for future loans from CA 457.

Total Expected Rollover **\$** _____ +

Please note: If your Rollover Account Balance contains any After Tax, Nondeductible or designated Roth contributions that are not properly reported on this form, your entire rollover amount will be included as taxable at the time that you take your distribution from the plan.

Participant Certification

I hereby certify that the assets rolled into this Plan are qualified under the Internal Revenue Code of 1954, as amended. I further certify I have accurately completed all of the information on this form and reported any and all After Tax and/or Nondeductible amounts that will be included in my rollover account balance to the Plan.

Participant Execution.

_____ Your Signature	_____ Date
_____ Printed Name	_____ Social Security Number
_____ Address	_____ Date of Birth
_____ City, State, Zip	_____ Daytime Phone
_____ Email	_____ Notes

Plan Sponsor Authorization.*

As Plan Sponsor of the above plan I certify that the above information provided by the Plan Participant is accurate and that the plan will accept the rollover from the account specified above. I further certify that for any After Tax and/or Nondeductible monies included in the Participant's rollover balance, the Employer will pay for the additional annual record keeping costs associated with tracking such balances separately in the Plan as required by law. The Employer will indemnify, defend, and hold harmless the Plan Administrator and its agents, Spectrum Pension Consultants, Inc. and CA 457 Benefits, from and against any and all damages, or liability, to which the Plan Administrator and/or its agents, Spectrum Pension Consultants, Inc. and CA 457 Benefits, may be subjected by reason of any act or omission relating to this rollover (except willful misconduct or gross negligence), including attorneys' fees and all other expenses reasonably incurred in the defense of either party. This indemnification does not relieve the Plan Administrator from any liability the Plan Administrator may have under ERISA for breach of fiduciary duty.

_____ CA 457 Plan Sponsor Representative Signature	_____ Date
_____ Printed Name	

** Plan Sponsors should take reasonable steps to evaluate whether the incoming funds are permissible rollovers allowed by the plan document. These steps may include: (1) employee certification of the source of the funds, (2) verification of the payment source (on the incoming rollover check or wire transfer) as the participant's IRA or former plan, and (3) if the funds are from a plan, looking up that plan's Form 5500 filing, if any, in the Department of Labor's EFAST2 database for assurance that the plan is intended to be a qualified plan. (for more information visit: <https://www.irs.gov/Retirement-Plans/Verifying-Rollover-Contributions>)*

Steps to Rollover your Account

In order to initiate and complete the Rollover process you should follow these steps:

1. Request and complete distribution or withdrawal paperwork where your account is currently held. You may be able to complete this online if they allow.
2.

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3. Complete and return the above Incoming Rollover Form to CA 457 for Plan Sponsor Approval.
- 60 Confirm that the funds have been paid out from your account.
5. Login online to your participant account to see the funds deposited in to your account. This usually takes 7-10 business days from the date the check has been mailed out.

Failure to complete the above form may result in a delay of funds being posted to your account.

Should you have any questions please contact our **Participant Services hotline at (: 22) 992/26790**