

ROTH IRA

ROLLOVER ELECTION



Name of Financial Organization

Roth IRA Owner Information

Name _____ Social Security Number _____ Account Number _____
Address _____ Date of Birth _____ Home Phone Number _____
City/State/Zip _____ Daytime Phone Number _____

Source of Rollover Deposit

- Rollover from a Roth IRA.
- Rollover (conversion) from a Traditional, SEP, or SIMPLE IRA.
- Rollover from a Designated Roth Account (a Roth 401(k) or Roth 403(b)) in a Workplace Retirement Plan.
- Rollover (conversion) from a Workplace Retirement Plan other than a Designated Roth Account.

NOTE: Do not roll over or convert your required minimum distribution amount, if applicable.

Rollover Election

I acknowledge that I am making an election to treat this deposit of \$ _____ as a rollover or a conversion contribution.

Signatures

I understand that the rollover contribution must occur within 60 days (unless an exception applies) after receipt of the distribution, and that I have the responsibility to determine what part, if any, of my distribution is eligible for rollover or conversion. I certify that, to the best of my knowledge, the information provided on this form is true and correct and may be relied on by the Trustee/Custodian. Due to the potential tax consequences of this transaction, I agree to seek the advice of a legal or tax professional, as needed. The Trustee/Custodian has not provided me with any legal or tax advice, and I assume full responsibility for this transaction. I will not hold the Trustee/Custodian liable for any adverse consequences that may result from this transaction.

Signature of IRA Owner

Date

Signature of Trustee/Custodian

Date

**Office
Use Only**