

**ROLLOVER CONTRIBUTION AND CERTIFICATION FORM**

To roll over funds into your account, please complete:

1. Participant Information
2. Rollover Information
3. Participant Authorization

Fax the completed form to 816-218-0424.

Plan Name \_\_\_\_\_ Plan ID \_\_\_\_\_

**PARTICIPANT INFORMATION**

First Name and Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ Daytime Phone Number \_\_\_\_\_

Evening Phone Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Hire \_\_\_\_/\_\_\_\_/\_\_\_\_

**ROLLOVER INFORMATION**

I elect to deposit an eligible rollover distribution from the following plan type into my current employer's plan:

401(k) qualified retirement plan

or, as allowed by the plan, a rollover from:

- Conduit IRA
- 403(b) plan
- Governmental 457 plan
- Traditional IRA
- SIMPLE IRA

This rollover amount is coming from a retirement plan that is (*check one*):  Related  Unrelated to another retirement plan sponsored by my current employer.

Gross amount of distribution: \$ \_\_\_\_\_

Date distribution issued: \_\_\_\_/\_\_\_\_/\_\_\_\_

Pretax contributions and earnings (taxable amount of distribution): \$ \_\_\_\_\_

After-tax contributions (excluding Roth 401(k) contributions): \$ \_\_\_\_\_

Note: After-tax contributions may only be directly rolled over from a Code Section 401(k) qualified plan or annuity or from a Code Section 403(b) tax-sheltered annuity to either a 401(k) qualified plan or annuity or a 403(b) tax-sheltered annuity.

**CHECK INFORMATION**

Please request that checks from your former plan, or IRA custodian, be made payable to your current plan as follows:

**T. Rowe Price Retirement Plan Services**  
**FBO: [participant's name]**  
**Plan Name/Plan ID**

Please have checks mailed to:

**Regular Mail:**

T. Rowe Price Retirement Plan Services  
P.O. Box 219325  
Kansas City, MO 64121-6325

**Overnight Mail:**

T. Rowe Price Retirement Plan Services  
430 W 7<sup>th</sup> Street Suite 219325  
Kansas City, MO 64105-1407

Plan Name \_\_\_\_\_

Plan ID \_\_\_\_\_

## **PARTICIPANT AUTHORIZATION**

I authorize the plan administrator and trustee of my current plan to invest this contribution in the Plan as a rollover, in accordance with my current investment elections. I certify that the entire amount is eligible for rollover, and I further understand that if a determination is made that the rollover was an invalid rollover, the amount of the invalid rollover, plus any earnings attributable to it, will be distributed to me within a reasonable time after such determination is made. I agree to notify the plan administrator or trustee of this retirement plan upon receipt of information about such determination. I received, read, and understand the investment information for each fund I have previously selected.

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

## **ADDRESS CHANGE**

Please be aware that if the address provided on this form is different from the address on your statements you must request your plan administrator update your address prior to this form being submitted for processing.