

ROTH IRA ROLLOVER ELECTION

Please review all information below. If you have any questions regarding the information on this form, please contact our Banking Representatives toll-free at 1-866-226-5638.

IRA Owner Information

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

Source of Rollover Deposit

ROLLOVER FROM ROTH IRA — This deposit is a rollover of assets I received from a Roth IRA.

ROLLOVER FROM A TRADITIONAL, SEP, or SIMPLE IRA — This deposit is a CONVERSION of assets I received from a Traditional, SEP, or SIMPLE IRA.

ROLLOVER FROM A ROTH 401(k) or Roth 403 (b) – This deposit if a rollover of assets I received from a Roth 401 (k) or a Roth 403 (b).

LATE ROLLOVER - IRS Form, **Certification for Late Rollover Contribution Letter**, pursuant to Rev. Proc. 2016 - 47 must be included.

NOTE: If you are age 70½ or older this year, rolling over or converting your required minimum distribution amount from your Traditional, SEP, or SIMPLE IRA, or Roth 401 (k) or Roth 403 (b) to your Roth IRA is prohibited. In addition, a spouse beneficiary may not roll over or convert a death required minimum distribution.

Rollover Election

I acknowledge that I am making an irrevocable election to treat this deposit as a rollover 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. I certify that, to the best of my knowledge, the information provided on this form is true and correct and may be relied upon 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.

X _____ **X** _____
 Signature of Owner Date Signature of Trustee/Custodian Date