



## How to Complete the Rollover Form

**When to use this form:** This form is used to invest prior plan money into your current retirement plan. Generally, you can roll over assets from these types of plans: Qualified Plans (Including 401(k) Plans), SIMPLE IRAs in existence for at least 2 years, Conduit and Traditional IRAs (taxable non-Roth distributions only), 457(b) plans, and 403(b) tax sheltered annuity contracts.

**Please note: if available, your existing Investment Allocations will be used. Otherwise monies will be invested in the Plan's Default Fund.**

**STEP 1**      **Contact your prior plan or IRA provider to begin the rollover process.** If you need assistance or have any questions, please call 1-877-401-5725.

**STEP 2**      **Request a certified or bank check for your rollover.**

The check should be payable to

Include the last 4 digits of your Social Security number and Plan number                      on the check.

**STEP 3**      **Gather Required Rollover Documentation**

All rollovers must be from an eligible retirement plan source. Attach **one** of the following in support of this:

- Quarterly Participant Statement from prior employer plan
- Most recent account statement from Individual Retirement Account (IRA)
- IRS Determination or Opinion Letter from prior plan
- Letter from Prior Trustee or IRA Custodian stating the Plan or account is qualified

**Once you have your rollover check, complete the remaining steps and submit for processing.**

**STEP 4**      **I PARTICIPANT INFORMATION**

Complete all the requested information in this section.

**STEP 5**      **II ROLLOVER SOURCE**

- Choose one rollover distribution source: Qualified Plan, IRA, 403(b), §457 or SIMPLE IRA (indicate the type of plan).
- When making a Qualified plan rollover, indicate whether it is related or unrelated to the current plan: (Most rollovers are not related.)
  - No–Unrelated - rollover is from a previous employer plan.
  - Yes–Related - rollover is from another plan of your current employer plan.

**Note:** If you do not check a box, we will understand you have certified that the rollover is from an unrelated employer.

**STEP 6**      **III ROLLOVER TYPE AND AMOUNT**

- Select the type of money you want to roll into the plan.
- For Roth 401(k) rollover amounts: complete the Contribution + Earnings = Total amount section. Please refer to the distribution statement provided by prior 401(k) provider for this information.
- Indicate the year your Roth 401(k) contributions began. This year allows ADP to track your contribution for taxation purposes.
- All information is required to complete your rollover.
- If you wish to roll over a loan offset from a prior plan, please obtain a Rollover Form with Loan Offset by calling 1-877-401-5725.

**STEP 7**      **IV PARTICIPANT SIGNATURES AND ACKNOWLEDGMENT**

- Read the Acknowledgment, sign and date the form at the bottom (participant signature).
- The check should be payable to

Include the last 4 digits of your Social Security number and Plan number                      on the check. Attach the rollover check and documentation to the signed form and send to:

**Overnight Mail:** ADP C/O FIS  
Attention: Lockbox 13399  
Lockbox Dept. 1st Floor  
400A Commerce Boulevard  
Carlstadt, NJ 07072

**Regular Mail:** ADP NJ CRS  
P.O. Box 13399  
Newark, NJ 07101-3399

**Incomplete forms or forms submitted without financial deposits/checks will be returned.  
If you need assistance or have any questions, please call 1-877-401-5725.**

**I PARTICIPANT INFORMATION**

Social Security # \_\_\_\_\_

Employee Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle Initial) \_\_\_\_\_

Address (Street) \_\_\_\_\_ (Apt. # / PO Box#) \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

Birth Date (Month/Date/Year) \_\_\_\_\_ Hire Date (Month/Date/Year) \_\_\_\_\_

Email Address \_\_\_\_\_ Phone \_\_\_\_\_

**How to Make the Check Payable:**

A preprinted certified or bank check must accompany this form for the stated dollar amount. Personal checks will be returned. Please include the last 4 digits of your Social Security Number and Plan Number on the check made payable to:

**II ROLLOVER SOURCE**

This rollover is a distribution from one of the following eligible rollover sources: (Select one type of plan or account.)

- ☐ Qualified Plan      ☐ \$403(b) Tax Sheltered Annuity      ☐ \$457 Plan  
☐ Individual Retirement Account      ☐ SIMPLE IRA (Must be in existence at least 2 years.)

If Qualified Plan, is this rollover from a related employer? (Most rollovers are from plans maintained by an *unrelated* employer.)

- ☐ No Unrelated      ☐ Yes Related

**Note:** If you do not check a box, we will understand you have certified that the rollover is from an unrelated employer.

**III ROLLOVER TYPE AND AMOUNT**

Select rollover type:

☐ Before-Tax: \$ \_\_\_\_\_  
Total Rollover Amount

☐ Roth 401(k): \$ \_\_\_\_\_ (Contributions) + \$ \_\_\_\_\_ (Earnings) = \$ \_\_\_\_\_ Total Roth Amount

Year Roth 401(k) contributions began: (If not provided, ADP will use the year this rollover contribution is received) 20\_\_\_\_

**Note:** Rollovers of Roth 401(k) monies may only be made via direct rollover and may not be rolled over from an IRA. Please refer to the distribution statement provided by your prior 401(k) provider for this information.

**IV PARTICIPANT ACKNOWLEDGMENT, ROLLOVER INVESTMENT DIRECTION AND SIGNATURE**

I have read and understand the Summary Plan Description, agree to the Plan provisions, received the Fee Disclosure Statement and reviewed and understand the fund prospectuses/descriptions, including the funds' objectives, risks, expenses and charges. By signing this form, I certify that:

- I am rolling over these funds within 60 days of the date I received them from an eligible employer plan or IRA (not applicable to direct rollovers).
- The rollover is from the source indicated and has not been combined with any money that would disqualify it.
- No portion of this rollover contribution represents amounts received as a hardship distribution, required minimum distribution or periodic payment from another employer plan.
- I have attached the required documentation.

**How your money will be invested:** I understand that if I do not have a plan account one will be established for my rollover contribution and invested in the plan default fund. Once my account has been established, I will be mailed my account access information and can make investment allocation changes through the plan website or Voice Response System. If I already have a plan account established, I direct that my rollover contribution be invested in accordance with my investment election on file.

Many investment companies have excessive trading and/or redemption fee policies for certain investments to eliminate or reduce the negative effects of short-term trading and market timing. When possible, ADP Retirement Services implements the investment company's market timing policy (as disclosed in the prospectus). However, in some circumstances ADP may impose a different policy than listed in the prospectus at the request or with the agreement of a fund company. Your plan investment options may be subject to these policies. See your plan website for your plan's fund policies and additional information.

\_\_\_\_\_  
Signature of Employee/Participant

\_\_\_\_\_  
Date