

## Retirement Services Employee Rollover Form

	Part	icipant Information –	All Informati	ion is Req	uired			
	Participant Name		Email Address					
	Current Company Name		Phone Number					
	Date of Birth/ //	Date of Hire	/	/	SSN: XXX-X	X		
Im	portant: What type of contributions do							<del>-</del> !
l	If the check contains ONLY Pre Tax fur	ds, skip to Investment	Selection Info	rmation,	then review a	nd sign the	remainder of the form	n.
1	If the check contains <b>ONLY</b> Roth fund information.	s, complete AIL inform	nation below.	Your Rot	h rollover can	not be prod	essed without this	
l	If the check contains <b>BOTH</b> Roth and	<b>Pre Tax funds,</b> comple	te <b>ALL</b> inform	nation be	ow.			
Ro	oth Establishment Date (date of first Roth	deferral)/	/					
Ro	th Contribution Amount \$	<i>plus</i> Roth Earnings	Amount \$		equals	Total Chec	k Amount \$	
(*)F	Please confirm the remainder of the amo	unt consists of Pre-Tax	Contribution	ıs, if appl	icable, by che	cking the b	elow box:	
_	te: Only plans that permit employees to make eet/Summary Plan Description or contact you vestment Selection Information	Roth 401(k) salary defer r plan administrator to de	rals may accep etermine if you	ot Roth 40 ur plan acc	1(k) rollovers. I epts Roth 401(l	Refer to the ( k) rollovers.	General Information	_
•	If you have made investments selectio	ns in your company's 4	401(k) retiren	nent plan	with Payche	x, your rollo	over funds will be inv	ested
	according to your current fund allocati							
•	If you have <b>not</b> made investment sele the Paychex 401(k) participant website			participa	ate in your co	ompany's p	lan, select funds by a	ccessin
•	If you have not made investment selections from the selection of the selec	tions prior to your roll	over being pi	ocessed,	your funds w	ill be invest	ted in the Participant	Default
Im	portant Information Regarding your Rollove	r						
•	Receipt of this form by Paychex does		er of prior pla	ın assets.	You must co	ntact your	prior plan administra	itor to
	initiate the transfer of assets to Paycho Your rollover check must be made pay		Darticinant Na	mo/Last /	dicits of Socia	d Cocurity N	umbor"	
•	Your rollover check and rollover form m							
•	If you are not yet eligible to participate the rollover balance is not available up	e in your company's pla	an, you may r	oll funds	into the plan.			
•	Funds rolled into the plan become subject		-	-				
I h	thorization hereby certify that this rollover represents a ey apply to my rollover account. The autho the plan. I acknowledge that I have receive	distribution from a quarization set forth in this	nlified retirem	ent plan,	and that I und	ırliest time j	_	<b>-</b> IS
Рa	articipant Signature				Date	/_	/	
. u	Elect	ronic Signatures are not acc	epted			·		
	Submit v	our completed Employee	Rollover Form	n:				_

**By Fax (Form Submissions Only):** + \( \frac{1}{585-389-7878} \)

+ Using FedEX, UPS or USPS (Signature of Certified Mail with Tracking):
Paychex Retirement Services
Attn: Lockbox 830401

Attn: Lockbox 830401 525 Fellowship Road, Suite 330 Mt. Laurel, NJ 08054-3415 + Using Regular Mail (No Tracking or Signature Required):
Paychex Retirement Services
PO Box 830401
Philadelphia, PA 19182-0401

ASE NOTE: 1			EE DOES NO' chack sont ii							** ing. If you sul
				_		_		_		ng. n you su iding check.
omplete the	"Dartici	inant ]	Information	_ A 11 T	nform	ation & Poo	<del>i.</del> md"	sactio	m	
ompiete the	raitic	ранс 1	шинацин	- AH I	шотп	IAUUII IS NEU	<sub>luneu</sub>	Secuo	'II. 	
					tion ic D	auirod.				
		Partic	ipant Information –	All Informa	ition is N	equireu			1	
Participant N	ame		ipant Information –							
					Email /	Address				
<b>Current</b> Com	oany Name				Email /	Address				

If the check contains ONLY Roth funds, complete ALL information below. Your Roth rollover cannot be processed without this

balance is from Pre Tax Contributions". Your Roth rollover cannot be processed without this information.

Roth Contribution Amount \$\_\_\_\_\_plus Roth Earnings Amount \$\_\_\_\_\_equals Total Check Amount
(\*)Please confirm the remainder of the amount consists of Pre-Tax Contributions, if applicable, by checking the below box:

Roth Establishment Date (date of first Roth deferral) \_\_\_\_/

☐ Yes, the remaining amount consists of Pre-Tax Contributions

If the check contains BOTH Roth and Pre Tax funds, complete ALL information below. In addition, check the box that says "remaining

If the answer is "ONLY Pre Tax": then the roth establishment date, roth contribution amount, roth earnings amount, and total check amount should be left blank. Skip to the Investment Selection Information section.

If the answer is "ONLY Roth" OR "Both Pre-Tax & Roth": then all the information below must be included.

- **Roth Establishment date:** This is the date that you made your first roth deferral; also meaning the first date that money was withheld from your paycheck and put into your personal retirement account with your prior retirement service provider.)
- **Roth contribution amount:** This is the amount that was withheld from your paycheck that you personally contributed into your roth account.
- Roth earnings amount: This is the amount that the market had in gains/ losses on the money that you
  personally contributed into your account. This can be either a positive (gain) or negative (loss) number.
- **Total check amount:** This is the actual amount of the check.

<u>If the check contains "Both Pre-tax and Roth" contributions:</u> then also check the "Yes" box indicating that the remaining check balance is from pre tax contributions.

**Please note:** When you add the roth contribution amount plus the roth earnings amount it must equal the actual amount of the check. (Exception: If your check includes both roth and pre-tax contributions, then enter the roth contribution amount, roth earnings amount, actual total check amount. Then hand write a note on the rollover form that says, "remaining balance is from pre-tax contributions."

Please note: If you do not know the roth contribution, roth earning, roth establishment date then please contact your prior retirement service provider that issued the check, and they would be able to provide you with that information.

3. Print the form and sign it with a pen. Unfortunately, we cannot accept electronic signatures.

Participant Signature		Date	/	/	
	Electronic Signatures are not accepted				