



hooker & holcombe

ROLLOVER CERTIFICATION TO A CODE 403(b) PLAN

Name of School District: _____

Participant Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Last 4-digits of Social Security Number: _____ Date of Birth: _____

Date of Hire: _____ Email Address: _____

I have received a payment of which 100% is eligible to roll over (eligibility as described below), estimated to be approx. \$_____ from the

(Name of Plan or IRA Company)

403(b) plans are only permitted to accept rollovers that satisfy specific requirements. Before we can accept the funds you propose to rollover, you are required to certify to the following statements:

I certify that:

- The funds submitted for rollover were originally distributed to me from a plan which I understand to be a qualified plan, individual retirement arrangement, 403(b) plan, or government eligible 457 plan. The current distribution was either made to me directly from such plan, or from a conduit IRA to which that original distribution had been contributed.
- I did not receive these funds as beneficiary of a death benefit.
- The distribution I received was not one of a series of periodic payments, based on my life expectancy or for a period of no less than ten (10) years.
- I received the distribution not more than sixty (60) days before the date submitted as a rollover contribution.
- The entire amount to be rolled over would be included in my gross income if not rolled over.
- If over age 70½, the proposed rollover does not include any minimum required distribution.
- I have verified with the Plan Administrator that this type of rollover is permissible under the terms of the plan.
- The source of monies is 100% pre-tax, and does not contain Roth or any other After-Tax monies or special considerations.

I understand that, in the event that a determination is made subsequent to the rollover of this distribution that any or all of the rollover was not eligible for rollover, any excess amount will be removed from the plan as soon as reasonably possible. I agree to notify the Plan Administrator upon receipt of information about such determinations.

PARTICIPANT’S SIGNATURE: _____ Date: _____