

Rollover Election, Deposit & Certification Form



Retirement Plan Services
Service Center Fax
866-406-4233

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Form #

Account #

7VC

Branch #

7512

FA #

7014

Speed Dial #

Instructions: If a rollover contribution is being made to a Raymond James & Associates, Inc., (RJ&A) Custodial IRA, complete the applicable sections of **Part 1**. If a rollover contribution is being made to an **RJ&A Prototype Defined Contribution Plan**, complete the applicable sections of **Part 2** appearing on pages 2-3 of this form. (In this regard, it is recommended that the Plan Trustee retain a copy of the completed form for in its plan records.) **Note:** The term "IRA" as used here refers to a Traditional, SEP, or SARSEP IRA, except where otherwise noted.

PART 1 - ROLLOVER TO RJ&A CUSTODIAL IRA

I Personal Information and Status

Name	Date of Birth	Social Security #
Status (check one) <ul style="list-style-type: none"> <input type="checkbox"/> I am a participant in an IRA or SIMPLE IRA <input type="checkbox"/> I am a participant or former participant in an Employer Plan <input type="checkbox"/> I am the surviving spouse of a participant in an employer plan, IRA or SIMPLE IRA <input type="checkbox"/> I am the alternate payee of a participant in an employer plan (by QDRO) 		

II Type of Rollover (complete A OR B below)

A. Rollover From an Employer Retirement Plan

1. **Eligible Rollover Distribution:** I certify that the distribution that I am electing to roll over qualifies as an "eligible rollover distribution" because it is being distributed from an "eligible retirement plan" (as described by Internal Revenue Code Section 401(a), 403(a), 403(b), and 457) and it is not being paid as: **a)** one of a series of substantially equal payments payable over my single life expectancy or the joint life expectancies of myself and a designated beneficiary; **b)** one of a series of installment payments payable over 10 years or more; **c)** to fulfill all or part of a Required Minimum Distribution obligation; **d)** a financial hardship distribution; **e)** a return of any excess deferrals, excess contributions or excess aggregate contributions; **f)** a refund of life insurance costs or **g)** a deemed distribution due to a plan loan default.
2. **Method of Rollover:** I have chosen to roll over this eligible rollover distribution by means of a (check one):
 - Direct Employer** - I have instructed the employer or former employer to issue all or part of the eligible rollover distribution directly into the IRA account identified above.
Name of Distributing Employer: _____
 - Indirect Employer** - I am depositing all or part of the eligible rollover distribution that was paid to me personally from the employer's or former employer's plan into the IRA account identified above. I certify that the distribution is being rolled over within 60 days of its receipt.
Name of Distributing Employer: _____

B. Rollover From an IRA or SIMPLE IRA (check one)

- 1. Rollover from an IRA:** I certify that the IRA distribution that I am electing to roll over is eligible for rollover because: **a)** it is being deposited within 60 days of receipt; **b)** it does not represent any portion of the Required Minimum Distribution payable for the year, if applicable; **c)** it was distributed from an IRA from which no other distribution has been made and rolled over within the last 12 months and **d)** it does not include any assets previously rolled over from on IRA to another IRA within the last 12 months.
- 2. Rollover from a SIMPLE IRA:** I certify that the SIMPLE IRA distribution that I am electing to roll over is eligible for rollover for the reasons given in (a)-(d) above and because two or more years have passed since my first date of participation in the employer's or former employer's SIMPLE IRA Plan.
- 3. Rollover by Surviving Spouse:** I, as the surviving spouse and beneficiary of a deceased Participant's IRA or SIMPLE IRA, certify that the distribution from the deceased's IRA or SIMPLE IRA that I am electing to roll over is eligible for roll over because: **a)** it is being deposited within 60 days of receipt and **b)** it does not include any portion of the Required Minimum Distribution payable from the IRA or SIMPLE IRA for the year, if applicable.
- 4. Treat as Own Election by Surviving Spouse as Sole Beneficiary:** I, as the surviving spouse and sole beneficiary of a deceased Participant's IRA hereby irrevocably elect to treat the Participant's IRA as my own. I understand that by making this election, that I will assume the status of IRA Participant and will no longer be considered the beneficiary of the IRA. I understand further that this election cannot become effective in the year of the Participant's death until the RMD for that year, if applicable, has been paid from the account.

Account # _____

III Description of the Amount Being Rolled Over (Attach the most recent IRA, SIMPLE IRA or Employer Plan account statement)

A. The Amount Is Being Issued From:

- RJ&A Custodial Plan/IRA **Account #** _____
- RJ Retail Plan/IRA **Account #** _____
- Outside Plan/IRA **Account #** _____

B. The Amount Consists of (check one)

- Cash in the amount of \$ _____
- Securities with an approximate total market value of \$ _____, as of the date of the distribution; or
- Combination of cash and securities with an approximate total market value of \$ _____, as of the date of the distribution with \$ _____ expected in cash.

IV Election Certification and Signature

I hereby irrevocably elect to roll over the distribution above to the Traditional, SEP, SARSEP or SIMPLE IRA account identified above. I understand that to the extent the distribution being rolled over consists of after-tax contributions, including any previously made non deductible IRA contributions, such as after-tax contributions must be identified and separately accounted for by me. I certify that the information provided above is true and correct to the best of my knowledge and release and hold harmless Raymond James & Associates, Inc., from any loss, claim for damages, tax, penalty and/or any other costs resulting from any subsequent invalidation of this rollover transaction or treat as own election, whichever is applicable.

Print Name of Participant/Surviving Spouse/ Alternate Payee

Signature of Participant/Surviving Spouse/ Alternate Payee

Date

PART 2 - ROLLOVER TO A RJ&A PROTOTYPE DEFINED CONTRIBUTION PLAN

I Employer Plan Information:

Name of Employer Plan Receiving the Participant Rollover:
Name of the Plan Trustee:

II Personal Information and Status:

Name	Date of Birth	Social Security #
Status (check one) <input type="checkbox"/> I am a participant in an IRA or SIMPLE IRA <input type="checkbox"/> I am a participant or former participant in an employer plan		

III Type of Rollover (complete **A** OR **B** below)

A. Rollover From an Employer Retirement Plan

1. **Eligible Rollover Distribution:** I certify that the distribution that I am electing to roll over qualifies as an "eligible rollover distribution" because it is being distributed from an "eligible retirement plan" (as described by Internal Revenue Code Section 401(a), 403(a), 403(b), and 457) and it is not being paid as: **a)** one of a series of substantially equal payments payable over my single life expectancy or the joint life expectancies of myself and a designated beneficiary; **b)** one of a series of installment payments payable over 10 years or more; **c)** to fulfill all or part of a Required Minimum Distribution obligation; **d)** a financial hardship distribution; **e)** a return of any excess deferrals, excess contributions or excess aggregate contributions; **f)** a refund of life insurance costs or **g)** a deemed distribution due to a plan loan default.

Account # _____

2. **Method of Rollover:** I have chosen to roll over this eligible rollover distribution by means of a *(check one)*:

Direct Employer - I have instructed the employer or former employer to issue all or part of the eligible rollover distribution directly to the Trustee of the Employer Plan named above to be held within the plan for my benefit.

Name of Distributing Employer: _____

Indirect Employer - I am giving to the Trustee of the plan named above to be held within the plan for my benefit, all or part of the eligible rollover distribution that was paid to me personally from the employer's or former employer's plan. I certify that the distribution is being rolled over within 60 days of receipt and that no part of it is attributable to previously made after-tax contributions.

Name of Distributing Employer: _____

B. Rollover From an IRA or SIMPLE IRA *(check one)*

1. Rollover from an IRA: I certify that the IRA distribution that I am electing to roll over is eligible for rollover because: **a)** it is being deposited within 60 days of receipt; **b)** it does not represent any portion of the Required Minimum Distribution payable for the year, if applicable; **c)** it does not include any after tax or previously made non-deductible contributions.

2. Rollover from a SIMPLE IRA: I certify that the SIMPLE IRA distribution that I am electing to roll over is eligible for rollover for the reasons given in **(a)-(c)** above and because two or more years have passed since my first date of participation in the employer's or former employer's SIMPLE IRA Plan.

3. Rollover by Surviving Spouse: I, as the surviving spouse and beneficiary of a deceased Participant's IRA or SIMPLE IRA, certify that the distribution from the deceased's IRA or SIMPLE IRA that I am electing to roll over is eligible for roll over because: **a)** it is being deposited within 60 days of receipt and **b)** it does not include any portion of the Required Minimum Distribution payable from the IRA or SIMPLE IRA for the year, if applicable and **c)** it does not include any after-tax or previously made non-deductible contributions.

IV Description of the Amount Being Rolled Over *(Attach the most recent IRA, SIMPLE IRA or Employer Plan account statement)*

A. The Amount Is Being Issued From:

RJ&A Custodial Plan/IRA **Account #** _____

RJ Retail Plan/IRA **Account #** _____

Outside Plan/IRA **Account #** _____

B. The Amount Consists of *(check one)*

Cash in the amount of \$ _____

Securities with an approximate total market value of \$ _____, as of the date of the distribution; or

Combination of cash and securities with an approximate total market value of \$ _____, as of the date of the distribution with \$ _____ expected in cash.

V Rollover Certification and Signature

I hereby irrevocably elect to roll over the distribution described above to the Employer Plan identified above. I understand that to the extent that the distribution is being directly rolled over from another Employer Plan and consists of previously made after-tax contributions, that I must identify the after-tax contribution amount and that such after-tax contribution amounts must then be separately accounted by the plan. By signing below, the Trustee is indicating both its acceptance of this distribution as a valid rollover contribution and its agreement to separately account for it within the plan. I certify that the information provided above is true and correct to the best of my knowledge and release and hold harmless the plan Trustee and Raymond James & Associates, Inc., from any loss, claim for damages, tax, penalty and/or any other costs resulting from any subsequent invalidation of this rollover transaction.

Print Name of Participant

Signature of Participant

Date

Acceptance of Plan Trustee

Date

