PLAN ACCOUNT ROLLOVER/EXCHANGE REQUEST

Complete this form to Rollover/Exchange funds into your employer's retirement plan. Please note that money received as an Rollover/Exchange will be invested into your account in accordance with your investment instructions in effect at this time. The completed form, including the employer/administrator signatures should be mailed to the address on the bottom of the form for processing as the resigning Insurance Company/Custodian may only accept original signatures. Please contact your employer or the resigning Insurance Company/Custodian for additional forms or other requirements prior to submitting this form.

NOTE: A recent account statement must accompany this request. This request cannot be processed without it.

STEP 1- PARTICIPANT INFORMATION

First Name: _____ MI: _____ Last Name: _____

Address: (No PO Boxes Please) _____

City: _____ State: _____ Zip: _____

Social Security #: ☐☐☐ - ☐☐ - ☐☐☐☐ Email: _____

Home Phone: _____ Employer Phone: _____

Employer Name: _____

STEP 2- CURRENT ACCOUNT & ROLLOVER/EXCHANGE INFORMATION

The assets rolled over or exchanged into this plan result from a distribution/rollover/exchange from a:

☐ IRA (pre-tax contributions) ☐ Simple IRA - Date first funded: _____ ☐ Governmental 457 Plan

☐ 403(b) (pre-tax contributions) ☐ 401(k) Qualified Plan (pre-tax contributions) ☐ SEP or SAR-SEP

☐ 403(b) ROTH* - Date first funded: _____ ☐ 401(k) ROTH* - Date first funded: _____

***Note: Please check with your plan administrator, as not all plans permit ROTH rollovers.**

Name of Insurance Company or Present Custodian: (where funds are held) _____

Mailing Address: _____ Account Number: _____

City, State, Zip: _____ Phone Number: _____

STEP 3- ROLLOVER/EXCHANGE INSTRUCTIONS (Instructions to the current insurance company or custodian)

By this Agreement, I direct the Insurance Company/Custodian to Rollover the cash surrender value/asset value of my annuity contract/custodial account as indicated below:

☐ The entire cash surrender value/asset value of my annuity contract/custodial account.

☐ Rollover all of the assets in kind into my existing custodial account. (Transfer-in-kind may be subject to fund availability. This option is only available if the account value is $100,000 or greater.)

☐ $ _____ of the cash surrender value/asset value of my annuity contract/custodial account.

Make Checks Payable To:

☐ MG Trust Company
FBO: (Participants Name)

☐ TD Ameritrade
FBO: (Participants Name)

Mail Checks To:

Retirement Plan Consultants, LLC
PO Box 1264
Norfolk, NE 68702

STEP 4- OWNER SIGNATURES & ACCEPTANCE

I wish to Rollover the above-mentioned account/contract to Plan Account with MG Trust Company serving as custodian. I understand that I may deposit only retirement funds that are allowed under my current employer's plan. I have verified with my current employer that these funds can be deposited according to plan provisions. By signing below I declare this information correct.

OWNER/PARTICIPANT SIGNATURE | DATE

Signature Guarantee: Your existing provider may require a signature guarantee. To obtain a signature guarantee, sign this form in the presence of an authorized person at a broker/dealer firm or other financial institution, such as a bank or trust company. A notarization from a notary public does not meet signature guarantee requirements.

DATE

AUTHORIZED SIGNATURE (STAMP AND TITLE)

Based on the information above this rollover contribution is acceptable according to the plan provisions. The Custodian named above is hereby directed to accept this rollover contribution.

PLAN SPONSOR/ADMINISTRATOR SIGNATURE | DATE

RETURN FORM TO: **Retirement Plan Consultants, LLC**
PO Box 1264
Norfolk, NE 68702

Fax: 402-379-3818
Email: admin@retirementplanconsultants.net