

When to use this form:

For rolling funds over from 401(k)/403b → IRA/Roth (Only for Roth if Roth component available in employer plan) or Roth IRA → 401(k)/403b into an equivalent CamaPlan account and have not made a transfer request through CamaPlan.

If the rollover is in the form of a wire, please submit form prior to the arrival of the wire.

To process your Rollover Request:

1. CAREFULLY FILL OUT ALL SECTIONS OF THIS ROLLOVER FORM

Incomplete forms will delay processing.

2. SIGN & DATE

3. MAIL TO CAMAPLAN:

- Completed Original Rollover Form
- Custodian Check (if applicable)
- Copy of statement from originating financial institution
- Roth Conversion Form (if transferring to a Roth from an account that is not a Roth)
- Copy of a recent account statement from your current custodian showing your name, account type (Traditional, Roth) and account number.

NOTE: YOUR ROLLOVER CANNOT BE PROCESSED WITHOUT THIS.

If payment is enclosed, the payee should be CamaPlan FBO (client name IRA).

If you would like to have your paperwork reviewed prior to mailing:

fax to: **(973) 302-8622**

or email to: **Operations@CamaPlan.com**

Mail your complete Rollover Package to:

CamaPlan
122 E. Butler Ave, Suite 100
Ambler, PA 19002

What's next?

Contact your current IRA, 401(k), or 403(b) custodian and follow their instructions to initiate your rollover.

*** CamaPlan is NOT able to initiate a rollover. The client MUST contact the sending financial institution to initiate a rollover.**



1. Participant Details

Participant Name

Mailing Address (must match address on file)

Street

City

State

ZIP

Soc. Sec. No.

Cama Acct. No.

2. Rollover Account Information

Custodian of Account to be Transferred

Company Address

Street

City

State

ZIP

Contact Name

Contact Phone

Name on Account to be Transferred

Account No.

3. Rollover Details

Place Rollover Funds in a:

- Traditional IRA
- Rollover "conduit" Traditional IRA
- SEP IRA
- Simple IRA
- Roth IRA (Rollover to Roth accounts must come from a Roth account)
- HSA
- ESA

Form of Rollover:

- In Cash (check or wire)
Amount: \$
- In Kind
Specify:

4. Rollover Type

Check only one box for either A, B, or C:

A. Rollover From Another IRA

- I certify that the following statements are true and correct.
- I am attaching a recent statement for the account I am transferring FROM.

1. This rollover contribution is being made within 60 days after my receipt of funds from another IRA, in which I was either the participant or surviving spouse beneficiary, or this rollover contribution is the result of a distribution from an IRA for a first time home purchase which has been delayed, or this rollover

contribution is being made within 120 days of my receipt of funds from the distributing IRA.

2. During the 12-month period prior to my receipt of the distribution being rolled over, I have not received a distribution from this same IRA, which was subsequently rolled over to another IRA, and the distribution being rolled over has not been part of a distribution from another IRA that was subsequently rolled over. (This rule does not apply to a delay in the acquisition of a residence for a first time homebuyer.)

3. I am not rolling over any required minimum distributions with respect to the distributing IRA plan.

4. This rollover contribution represents a distribution from a SIMPLE IRA and I have not participated in my Employers SIMPLE Plan for 2 years, and this rollover contribution is being made into another SIMPLE IRA. Date First Participated in original SIMPLE IRA:

B. Rollover/Direct From an Employer Plan

I certify that the following statements are true and correct.

1. The undersigned certifies that my employer's qualified plan, qualified annuity, 403(b) plan, governmental 457(b) plan, or the Federal Employee's Thrift Savings Plan has made or will make an Eligible Rollover Distribution which is either being paid in a Direct Rollover to the Administrator/Custodian of my IRA, or paid directly to me which I am rolling over no later than the 60th day after receiving the Eligible Rollover Distribution.

2. This Rollover/Direct Rollover is not part of a series

of payments over my life expectancy(ies) or over a period of 10 years or more.

3. This Rollover/Direct Rollover does not include any required minimum distributions with respect to the employer's plan.

4. This Rollover/Direct Rollover does not include a hardship distribution, a corrective distribution, or a deemed distribution of a default from any employer's plan.

5. I certify that I am eligible to establish an IRA with this Rollover/Direct Rollover of an Eligible Rollover Distribution, and that I am one of the following: the plan participant; the surviving spouse of the deceased plan participant; or the spouse or former spouse of the plan participant under a Qualified Domestic Relations Order.

6. I certify that if this Rollover/ Direct Rollover does not contain a Designated Roth Contribution Account, it is to be deposited in a Roth IRA account, and the rollover funds are coming from another Roth account.

C. Rollover Beginning at Age 70 ½

If you are 70 ½ or older, did you take your required minimum distribution from this plan or any other plan? (If you are not 70 ½, skip this section.)

Yes, I received the distribution from this plan or another plan to satisfy the required minimum distribution requirement for this year.

I received the distribution from the other plan on:
Date

No, I have not taken my required minimum distribution for this year from this plan or any other plan.

5. Signature

The undersigned hereby irrevocably elects, pursuant to IRS Regulation 1.402(a)(5)-1T to treat this contribution as a rollover contribution. I understand that this will not be a valid rollover unless PART I or PART II (and, if applicable, PART III) are correct statements. I acknowledge that, due to the complexities involved in the tax treatment of eligible rollover distributions from qualified plans, qualified annuities, 403(b) plans, governmental 457(b) plans, or the Federal Employee's Thrift Savings Plan and rollovers/direct rollovers to IRAs, the Administrator/ Custodian has recommended that I consult with my tax advisor or the Internal Revenue Service before completing this transaction to make certain that this transaction qualifies as a rollover and is appropriate in my individual circumstances. I understand rollover contributions are reported to the IRS. I hereby release the Administrator/Custodian from any claim for the Signature (Continued)

damages, should this transaction fail to qualify as a valid rollover.

I have enclosed a copy of a recent statement for the account from which this Rollover is originating.

Participant's Signature

Date

CamaPlan Use Only

Statement from originating financial institution accompanied this form:

Authorized Signatory

Date

Authorized Signatory

Date

Roth to Roth confirmation

Yes

No