



ATTENTION: CamaPlan CANNOT initiate rollovers. You MUST contact the sending financial institution to initiate a rollover.

CAMAPLAN ACCOUNT HOLDER NAME. MUST match name on file at CamaPlan and the sending financial institution.

CONTACT INFORMATION. MUST match address of record at CamaPlan.

SENDING FINANCIAL INSTITUTION DETAILS for account you will rollover (e.g. Fidelity, Vanguard, Schwab). Provide contact name and phone at sending financial institution for assistance.

NAME AND ACCOUNT NUMBER (REQUIRED) for the account at the sending financial institution. CamaPlan **REQUIRES** a recent statement from the sending financial institution for the account you are rolling over. **NOTE:** 401(k) accounts may have a plan name, plan number, or contract ID.

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

SELECT TYPE OF ACCOUNT YOU HAVE AT CAMAPLAN.
See rollover chart for what types of accounts can be rolled over to your CamaPlan account https://www.irs.gov/pub/irs-tege/rollover_chart.pdf
CamaPlan **REQUIRES** a recent statement from the sending financial institution for the account you are rolling over.

CASH ROLLOVER. Most institutions send rollovers via check. Checks **MUST** be made payable to "**CamaPlan FBO Your Name IRA**". Enter estimated rollover amount. **NOTE:** Fees from sending institution may change amount.

IN-KIND ROLLOVER. Assets you wish to roll over (e.g. real estate, note, private placement) **MUST** be retitled "**CamaPlan FBO Your Name IRA**". CamaPlan requires re-titling documents to add these assets to your account.

ROLLOVER TYPE. If you are rolling over funds or assets from an IRA, CamaPlan **REQUIRES** a recent statement from the sending financial institution for the account you are rolling over. **NOTE:** You can have CamaPlan initiate an IRA to IRA transfer with the CamaPlan Transfer Form.

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.

ROLLOVER TYPE. Select B if you are rolling over funds or assets from an employer plan (e.g. 401(k), 403(b), 457(b), Defined Benefit Plan or Federal Employee's Thrift Savings Plan). **CamaPlan **REQUIRES** a recent statement from the sending financial institution for the account you are rolling over.**

ROLLOVER TYPE. Select C if you are rolling over at age 70 ½ or older. Indicate if you have received the required minimum distribution from the rollover plan for the current year.

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.

John Doe

Participant's Signature

8/26/2019

Date

CamaPlan Use Only

Statement from originating financial institution accompanied this form:

Authorized Signatory

Date

Authorized Signatory

Date

Roth to Roth confirmation

Yes

No

COPY OF RECENT STATEMENT FROM SENDING INSTITUTION. In order to verify that funds or assets are being rolled over from a qualified account, **CamaPlan REQUIRES a copy of a recent statement from the sending financial institution** for the account from which funds or assets will be rolled over.

NOTE: Some sending financial institutions may require a letter of approval from CamaPlan. If you are asked for this, contact us to obtain one.