

When to use this form:

For rolling funds directly from an employer plan such as 401(k)/403b/457b to an IRA of matching tax status*.

For indirect rollovers from an employer plan or IRA (funds distributed less than 60 days from the date of funds being deposited at CamaPlan) to an IRA of matching tax status*.

*Pre-tax to Pre-tax or Roth to Roth.

To process your Rollover Request:

1. CAREFULLY FILL OUT ALL SECTIONS OF THIS ROLLOVER FORM

Incomplete forms will delay processing.

2. SIGN AND DATE

3. SUBMIT TO CAMAPLAN:

- Completed Rollover Form
- Rollover Payment
 - Check: Made payable to "CamaPlan FBO (client name) IRA"
 - Wire: Contact us for wire instructions (please fill out this form prior to the wire being sent)
- Copy of a recent account statement from your current custodian showing your name, account type, and account/plan number.

NOTE: YOUR ROLLOVER FORM WILL NOT BE ACCEPTED WITHOUT A RECENT ACCOUNT STATEMENT.

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

call: (866) 559-4430

or email: Operations@CamaPlan.com

Submit Your Rollover Package:

- Fax: (973) 302-8622
- Email: Operations@CamaPlan.com
- Mail: CamaPlan
122 E. Butler Ave, Suite 100
Ambler, PA 19002

What's next?

Contact your current employer plan or IRA 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.

You will receive a confirmation email once your rollover has been deposited.

1. Participant Details

Participant Name

Mailing Address (must match address on file)

| | |
|--------|----------------------|
| Street | <input type="text"/> |
| City | <input type="text"/> |
| State | <input type="text"/> |
| ZIP | <input type="text"/> |

Soc. Sec. No. *** - ** -

Cama Acct. No.

2. Rollover Account Information

Custodian of Account to be Rolled Over

Company Address

| | |
|--------|----------------------|
| Street | <input type="text"/> |
| City | <input type="text"/> |
| State | <input type="text"/> |
| ZIP | <input type="text"/> |

Contact Name

Contact Phone

Name on Account to be Rolled Over

Account/Plan 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)
- ☐ Health Savings Account Education
- ☐ Savings Account

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 in the case of a distribution from an IRA due to a first time homebuyer which is being rolled into this IRA because of a delay in the acquisition of the first time home, this rollover

contribution is being made within 120 days after 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 rollover distribution from any 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 as discussed above).

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

4. If this rollover contribution represents a distribution from a SIMPLE IRA and I have not participated in my Employer's SIMPLE Plan for 2 years, and this rollover contribution is being made into another SIMPLE IRA. Date Employee 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 Trustee/Custodian of my IRA, or, if I am the participant or the surviving spouse, 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, an unforeseeable emergency distribution, a corrective distribution, or a deemed distribution of a defaulted loan 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; the spouse or former spouse of the plan participant under a Qualified Domestic Relations Order, or a non-spouse beneficiary (in which case I understand I may only make a direct rollover to an inherited IRA).

6. I certify that if this Rollover/Direct Rollover contains a Designated Roth Contribution Account, it is to be deposited in a Roth Account.

C. Rollover Beginning at Age 73

If you are 73 or older, did you take your required minimum distribution from this plan or any other plan? (If you are not 73, 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 Trustee/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 Trustee/Custodian from any claim for damages on account of the failure of this transaction 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