



ROLLOVER CONTRIBUTION FORM

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Client Name _____ **Account #** _____

(For use when rollover is requested or received by anyone other than Argent Institutional Trust Company)

I. IRA to IRA Rollover

- A. Is the rollover being made within 60 calendar days of receipt: ☐ Yes ☐ No
If yes, please continue. *If no, rollover cannot occur.* Date of Receipt _____ / _____ / _____
- B. Have 12 months passed since you last received a rollover distribution from the distributing IRA?
☐ Yes ☐ No
If no, the rollover cannot occur. If yes, the rollover can occur. Please read and complete Section III
(if applicable) and Section IV below.

II. Qualified Retirement Plan or Tax Sheltered Annuity to IRA Rollover

- A. Are you the (check one):
☐ Plan participant?
☐ Spouse beneficiary of a deceased participant?
- B. Type of Plan (check one):
☐ A Pension Plan - IRC 401(a)
☐ A Profit Sharing Plan [IRC 401(a), including 401(k) plans] or Stock Bonus Plan [IRC 401(a)]
☐ A HR-10 or Keogh Plan - IRC 401(a)
☐ A tax sheltered annuity - IRC 403 (b)
- C. Deposit amount - only the taxable amount of the distribution(s) can be rolled over into an IRA
(excludes non-deductible employee contributions).
Have all non-deductible employee contributions been removed from your rollover deposit? ☐ Yes ☐ No
- D. Is the rollover deposit being made within 60 calendar days of receipt? ☐ Yes ☐ No
If no, the funds cannot be rolled over into an IRA. Date of Receipt _____ / _____ / _____
- E. Commingling of Funds - I have reviewed the applicable tax consequences with my tax or legal advisor and ask that you (check one):
☐ Keep these funds in a separate account
☐ Permit them to be commingled with any regular IRA deposits I may make

III. 73 Rollover Restriction

- Are you age 73 or older in this calendar year? ☐ Yes ☐ No *If yes, answer the following questions:*
- Have you satisfied your required minimum distribution from the distributing plan? ☐ Yes ☐ No
 - What is the date of birth of the oldest primary beneficiary of the distributing plan? _____
 - Is your beneficiary your spouse? ☐ Yes ☐ No
 - Have you elected to recalculate life expectancy? ☐ Yes ☐ No

IV. Asset Description

Rollover Check in the Amount of \$ _____
Rollover Check Issued by _____

V. Signature

I certify that the information contained on this form is true and correct to the best of my knowledge and I understand that my election to treat the above funds/asset(s) as a rollover contribution irrevocable. I understand that decisions regarding IRA rollovers have important tax consequences, and I have been advised to consult a tax professional. I assume full and sole responsibility for the consequences of this rollover decision.

Signed this _____ day of _____, _____.

X _____
Planholder's Signature PRINT Planholder's Name