

1 CUSTOMER INFORMATION

NAME		ACCOUNT NUMBER	
ADDRESS	CITY	STATE	ZIP CODE
SOCIAL SECURITY NUMBER		DATE OF BIRTH	DAYTIME PHONE NUMBER

2 CERTIFICATION

Please select the appropriate choice.

- Traditional IRA or SIMPLE IRA to Traditional IRA Rollover
 I certify:
- It has been less than 60 days since I received the funds or property being deposited.
 - I did not receive any other distributions from an IRA during the preceding 12 months which I also rolled over.
 - The assets involved in this rollover have not been rolled over in the past 12 months.
 - If over 70 ½ (age 72 if after 1/1/2020), I have satisfied my required minimum distribution for the year.
 - SIMPLE IRA only - it has been at least two (2) years since I first began participating in a SIMPLE IRA plan sponsored by my employer.
- Roth IRA to Roth IRA Rollover
 I certify:
- It has been less than 60 days since the funds or property being deposited.
 - I did not receive any other distributions from an IRA during the preceding 12 months which you also rolled over.
 - The assets involved in this rollover have not been rolled over in the past 12 months.
- Rollover or Direct Rollover from Qualified Plan to a Traditional IRA
 I certify:
- I am an eligible participant (participant, spouse beneficiary, or former spouse due to divorce).
 - It has been less than 60 days since I received the funds or property being deposited.
 - I received these funds from an eligible qualified retirement plan.
 - If over 70 ½ (age 72 if after 1/1/2020), I have satisfied my required minimum distribution for the year.
 - The rollover consists only on funds or property distributed from the qualified plan or the proceeds from the sale of the property distributed from the qualified plan.
 - All of the funds included are eligible to be rolled over.
- Traditional IRA to a Roth IRA Rollover (Indirect conversion)
 I certify:
- It has been less than 60 days since I received the funds or property being deposited.
 - If over 70 ½ (age 72 if after 1/1/2020), I have satisfied my required minimum distribution for the year.

3 SIGNATURE AND DATE

I am familiar with and understand the rollover rules and conditions. I certify that I met the requirements for making a rollover contribution. Due to the important tax consequences of rolling over funds or property to an IRA, I understand that the Trustee cannot and has not provided tax advice. I release, indemnify and hold the Trustee harmless against any liabilities I may incur as a result of this transaction. By signing this agreement, I understand that I have irrevocably designated this contribution as a rollover contribution.

SIGNATURE	DATE
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