

## DIRECT ROLLOVER INFORMATION FORM

---

I, \_\_\_\_\_ authorize the transfer of assets at \_\_\_\_\_ to the Catholic Diocese of Toledo or \_\_\_\_\_ (parish or school), as a direct rollover.

The plan hereinafter named is an eligible retirement plan as defined in Treasury Regulations Section 1.401(a)(31) – 1T. Furthermore, in consideration of the Plan Administrator honoring my request for a direct rollover to the Catholic Diocese of Toledo or \_\_\_\_\_ (parish or school), I provide the following information and agree to provide whatever other information may reasonably be requested by the recipient organization.

Name of Eligible Retirement Plan: \_\_\_\_\_

Type of Eligible Retirement Plan: ☐ 401 (k) qualified trust ☐ IRA

Name of Trustee/Custodian \_\_\_\_\_

Address of Trustee/Custodian: \_\_\_\_\_

Telephone Number of Trustee/Custodian: \_\_\_\_\_

Account Number of Eligible Retirement Plan: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant