



Acceptance Letter and Rollover Verification/Request

INSTRUCTIONS:

1. Use this form if you would like to consolidate other retirement plans or IRA balances into your account at BPAS.
2. Contact your prior employer or IRA representative to initiate the distribution and rollover of your account balance.
3. Complete Sections I and II of this form. If your prior administrator or custodian requires paperwork from you, please forward this form to them to complete Section II.
4. The rollover check should be made payable to the plan you are rolling to and include an f/b/o (for benefit of) with your name.

Please note: You must submit this form completed prior to or along with your rollover check, otherwise investment of your funds will be delayed.

SECTION I - Participant Information

Receiving Plan Name:

Participant Name:

Social Security Number:

Date of Birth:

Daytime Phone Number:

Email Address:

SECTION II – Tell us where the IRA or Plan Rollover is coming FROM

Important: This section **must** be completed by the trustee (or custodian) of the IRA, by the prior administrator of the eligible employer plan, or by the individual making the rollover. If this distribution is from a SIMPLE IRA, you must provide written documentation showing the period of participation. Post-tax contributions, including those from a Roth 401(k) account, cannot be rolled over into the plan.

Rollover Type
(check one):

Direct Rollover. A Direct Rollover will come directly from your prior plan administrator or IRA provider. Checks are made payable to the new Qualified Plan or IRA custodian, for your benefit.

Indirect Rollover. The check from your prior administrator/custodian will be made payable to you. This option requires you to roll funds into the Qualified Plan or IRA within 60 days of the check date.

Where is this Distribution Coming FROM?

Account	Rollover Amount	Distribution Date
<input type="radio"/> Eligible Employer Plan	\$ _____	_____
<input type="radio"/> Traditional IRA	\$ _____	_____
<input type="radio"/> Simple IRA	\$ _____	_____
<input type="radio"/> COVID Distribution Repayment	\$ _____	_____
<input type="radio"/> Required Minimum Distribution Repayment	\$ _____	_____
<input type="radio"/> Qualified Birth/Adoption Repayment	\$ _____	_____

Is this a **Coronavirus-related distribution**? Yes No

If yes, to be eligible for a rollover, the distribution **must meet one** of the following:

- You are a Qualified Individual and received these funds as a coronavirus distribution and are rolling the same or a lesser amount back to the Plan within three years of the original distribution.
- You received a Required Minimum Distribution (RMD) after February 1, 2020 and are this submitting rollover on or before August 31, 2020.

Is this a **qualified birth or adoption distribution**? Yes No

If yes, to be eligible for rollover, the distribution **must meet** the following requirement:

- Check here** if you received a distribution **from this Plan** for expenses related to the qualified birth or adoption of a child.

Certification: I certify to the best of my knowledge that the distribution I am transferring or rolling over meets the requirements for a distribution from an IRA or an eligible employer plan (whichever is applicable) as defined in IRC § 402(c)(8)(B), and does not include any post-tax contributions. I further certify that I have read this form (and instructions) in its entirety and that the information I have provided is true and complete to the best of my knowledge. Any intentional false statement in this request or willful misrepresentation concerning it is a violation of law that is punishable by a fine or imprisonment for as long as 5 years, or both (18 U.S.C. § 1001).



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Name of Participant **OR** Financial Institution Representative **OR** Plan Administrator Daytime Phone Number

Signature of Participant **OR** Financial Institution Representative **OR** Plan Administrator Date

Name of Financial Institution

Address of Financial Institution City State ZIP

Note: Each retirement plan will determine what types of incoming rollovers it will allow (from other retirement plans or IRAs). Please consult with your Plan Administrator or HR representative to verify what types of incoming rollovers this plan allows. Your rollover contribution will be automatically invested according to your current investment elections. If you have not made investment elections, your Rollover contribution will be invested into your plan's default fund.

Section III - Statement of Acceptance

Hand Benefit & Trust (HB&T), a BPAS company, has agreed to serve as Custodian/Trustee/Directed Trustee for the above referenced plan and will accept a rollover provided the above certification is properly made.

Trust Officer, HB&T

REMINDER: Make the rollover check payable to the name of the receiving plan f/b/o the plan participant (e.g., XYZ Corp Retirement Plan f/b/o John Doe).

Instructions for Wiring Funds

To wire funds, please use the instructions below and fax a copy of this form to **Attn: Incoming Rollovers at (315) 292-6470**

Remit to: Community Bank, NA	ABA No.: 0213-0755-9
Short Title: Community Bk Syr	Address: Dewitt, NY 13214
Account No.: 0511 113 656	Account Name: Clients of Benefit Plans Administration

Special Instructions: Attn: Trust Utica Omnibus | FBO: Plan Name, Participant Name, and BPAS Number | Last four digits of SSN

Please fax this form to 315-292-6470 or forward along with the rollover check to:

BPAS | 6 Rhoads Drive, Suite 7 | Utica, NY 13502-6374