

# ROLLOVER CONTRIBUTION FORM

## PLAN PARTICIPANT INFORMATION

Employer/Plan Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
 Participant Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
 Address/City/State/Zip: \_\_\_\_\_ Hire Date: \_\_\_\_\_  
 e-mail address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## ROLLOVER INSTRUCTIONS

- Contact your former employer, plan administrator, or financial institution to request and receive a rollover distribution check.
- The check should be made payable to: AAAA Retirement Fund for Member Agencies  
 \_\_\_\_\_ (your retirement plan name)  
 FBO \_\_\_\_\_ (your name)
- The check can be mailed to you or to: AAAA Benefits, Inc.  
 11020 David Taylor Drive, Suite 305  
 Charlotte, NC 28262

### AMOUNT OF ROLLOVER (or approximate amount of rollover)

Pre-tax dollars (if any)	\$				,					.		
Roth dollars (if any)					,					.		

Total Amount of Rollover	\$				,					.		
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- Your rollover contribution must be from another qualified plan or traditional IRA. You need to provide documentation that details the taxability of the funds to be rolled over indicating pre-tax or Roth. Proof of taxability is typically documented on your rollover distribution statement and/or your rollover check stub.
- If you are directly rolling over Roth money from another qualified retirement plan, you will need to provide documentation with the start date and the total amount of your Roth contributions (basis). Roth IRAs are not eligible to be rolled into qualified plans.
- Upon receipt of your rollover contribution, supporting documentation, and this ROLLOVER CONTRIBUTION FORM, the money will be invested in your account according to your current investment elections on file. In the event there are no investment elections on file, there will be a delay in processing your rollover contribution until investment elections have been selected.

## AUTHORIZATION

*I certify that the amount of my rollover contribution represents only money that is eligible to be rolled over into a qualified plan. If any of the money is subsequently determined to be ineligible for rollover, I understand that the Plan will distribute the ineligible amount and any attributable earnings, if applicable.*

Participant Signature \_\_\_\_\_

Date \_\_\_\_\_