

Luzerne County Head Start, Inc. Retirement Plan

Rollover Form

Five Simple Steps

1. Contact your plan administrator or refer to your Summary Plan Description to make sure you're eligible to roll over your plan account balance from a prior qualified retirement plan.
2. Contact your prior company and request a rollover distribution. If you have an Individual Retirement Account (IRA), contact the investment manager (custodian) for your IRA and request a withdrawal. Be sure to have the distribution check made payable to **Transamerica, FBO "Reference Your Name" (e.g., Transamerica, FBO Jane Doe)** and have it sent directly to you.
3. Complete the Rollover Form below.
4. Submit the Rollover Form along with the distribution check to your plan administrator.
5. Your plan administrator will sign, date and submit the form and check to Transamerica for processing.

You must first enroll in the plan and designate a beneficiary.

1. Employee Information (Please Print)

Married Not Married

Social Security No.: _____ - _____ - _____

First Name _____ M.I. _____

Last Name _____

Mailing Address _____ Apt. No. _____

City _____ State _____ Zip Code _____

Date of Birth _____ Date of Hire _____

2. Previous Plan/IRA Information

Name of Prior Plan _____

Mark One:*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	401(k)	401(a)	403(a)	403(b)	Profit Sharing	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Money Purchase	Government 457	Conduit IRA	Traditional IRA	Roth 401(k) - Direct	Roth 401(k) - Indirect	(earnings only permitted)

For Roth 401(k) rollovers, please complete the information below. This information should have been provided by your rollover institution.

Year of first Roth 401(k) Contribution _____

Roth Contribution Basis _____ (This is the non-taxable portion of your distribution).

*Your plan may not accept rollovers from all plan types listed above. Contact your plan administrator to make sure your rollover qualifies.

Continued on next page

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Social Security No.: _____ - _____ - _____

Person to Contact:

First Name _____ M.I. _____

Last Name _____

Mailing Address _____ Apt. No. _____

City _____ State _____ Zip Code _____

Phone Number _____

3. Tax Information

- All of this distribution amount would be taxable to me if I did not roll it over.
- This rollover includes after-tax contributions in the amount of \$_____. The remainder will be taxable income to me if I did not roll it over.
- No part of this rollover is a minimum required distribution.
- No part of this rollover is a hardship withdrawal.
- All of this distribution is a Roth 401(k) rollover.

Please note the following important information:

1. Transamerica cannot accept after-tax amounts if the cost basis is not provided. If you are unsure of your after-tax cost basis, contact your previous Plan Administrator to obtain/confirm this information. If this information is not received, it will be assumed that the deposit represents pre-tax amounts only.
2. If you are already enrolled in the plan, your incoming rollover will be invested according to your existing investment allocation for payroll contributions.
3. If you are not enrolled in the plan, **or your elections do not equal 100%**, your incoming rollover will be invested in PortfolioXpress. You can subsequently reallocate your investment at any time, subject to plan provisions.

4. Employee Authorization

I wish to contribute a single sum rollover in the amount of \$_____, which represents a distribution from another qualified retirement plan. **A check made payable to Transamerica, FBO "Reference Your Name" (e.g., Transamerica, FBO Jane Doe) is attached.** I understand the withdrawal restrictions that apply to these contributions.

Employee Signature _____ Date _____

SUBMIT SIGNED FORM TO YOUR PLAN ADMINISTRATOR

Once this form has been completed with all of the necessary information and required signatures, please forward to the Transamerica Processing Center address listed below for review and completion.

Be sure to keep a photocopy for your records.

For Plan Administrator Use Only:

I authorize these rollover funds to be deposited into the participant's account.

Plan Administrator Signature _____ Date _____

FOR PLAN ADMINISTRATOR USE ONLY: 8488 Shepherd Farm Drive, West Chester, OH 45069 **Fax#:** (877) 449-4443