

Texas Office  
901 Summit Avenue  
Fort Worth, TX 76102



Atlanta Office  
1100 Abernathy Road, Suite 480  
Atlanta, GA 30328

Client Name \_\_\_\_\_ Account # \_\_\_\_\_

### ROLLOVER CONTRIBUTION FORM

(For use when rollover is requested or received by anyone other than TMI Trust Company)

#### I. IRA to IRA Rollover

- A. Is the rollover being made within 60 calendar days of receipt:  Yes  No  
If, yes, please continue. *If no, rollover cannot occur.* Date of Receipt \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
- B. Have 12 months passed since you last received a rollover distribution from the distributing IRA?  
 Yes  No  
*If no, the rollover cannot occur.* If yes, the rollover can occur. Please read and complete Section III (if applicable) and Section IV below.

#### II. Qualified Retirement Plan or Tax Sheltered Annuity to IRA Rollover

- A. Are you the (check one):  
 Plan participant?  
 Spouse beneficiary of a deceased participant?
- B. Type of Plan (check one):  
 A Pension Plan - IRC 401(a)  
 A Profit Sharing Plan [IRC 401(a), including 401(k) plans] or Stock Bonus Plan [IRC 401(a)]  
 A HR-10 or Keogh Plan - IRC 401(a)  
 A tax sheltered annuity - IRC 403 (b)
- C. Deposit amount - only the taxable amount of the distribution(s) can be rolled over into an IRA (excludes non-deductible employee contributions).  
Have all non-deductible employee contributions been removed from your rollover deposit?  Yes  No
- D. Is the rollover deposit being made within 60 calendar days of receipt?  Yes  No  
*If no, the funds cannot be rolled over into an IRA.* Date of Receipt \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
- E. Commingling of Funds - I have reviewed the applicable tax consequences with my tax or legal advisor and ask that you (check one):  
 Keep these funds in a separate account  
 Permit them to be commingled with any regular IRA deposits I may make

#### III. 70 1/2 Rollover Restriction

- Are you age 70-1/2 or older in this calendar year?  Yes  No *If yes, answer the following questions:*
- Have you satisfied your required minimum distribution from the distributing plan?  Yes  No
  - What is the date of birth of the oldest primary beneficiary of the distributing plan? \_\_\_\_\_
  - Is your beneficiary your spouse?  Yes  No
  - Have you elected to recalculate life expectancy?  Yes  No

#### IV. Asset Description

Rollover Check in the Amount of \$ \_\_\_\_\_  
Rollover Check Issued by \_\_\_\_\_

#### V. Signature

I certify that the information contained on this form is true and correct to the best of my knowledge and I understand that my election to treat the above funds/asset(s) as a rollover contribution irrevocable. I understand that decisions regarding IRA rollovers have important tax consequences, and I have been advised to consult a tax professional. I assume full and sole responsibility for the consequences of this rollover decision.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

X \_\_\_\_\_  
Planholder's Signature

\_\_\_\_\_  
PRINT Planholder's Signature