IRA/SEP/SIMPLE DIRECT ROLLOVER CERTIFICATION FORM INSTRUCTIONS

Use this form when a participant would like to roll over funds from an IRA, SEP IRA or SIMPLE IRA into your plan. This form is required for the protection of your plan. It certifies the source of funds that are being deposited into your plan.

Call IBI for additional information, including how the rollover check is to be made payable and any additional forms to be completed.

On the form, fill in the plan name and the participant's name and social security number. The participant should complete the rest. The completed form, copy of a recent account statement and the rollover check should be returned to the Employer and you should fax or send copies to IBI.

One form must be completed for each rollover. So, if the employee has 2 IRA's, then 2 certification forms must be completed.

DIRECT ROLLOVER CERTIFICATION FORM
(FROM IRA, SEP or SIMPLE)

PLAN NAME (plan receiving rollover): ______________________________________
____

PARTICIPANT NAME: ____

SOCIAL SECURITY #: ____

Name of IRA Custodian (current location of IRA): ____________________________
Phone # of IRA Custodian (current location of IRA): ___________________________

Type of IRA (check one):
[ ] Regular (deductible IRA)
[ ] Rollover IRA (from another retirement plan)
[ ] SEP IRA (from a SEP plan)
[ ] SIMPLE IRA (from a SIMPLE IRA plan)
date SIMPLE IRA opened: ___________________

As the owner of the above-referenced IRA, I hereby certify that: (1) the IRA account is tax-qualified under Internal Revenue Code; (2) the transfer to the receiving plan DOES NOT include after-tax or Roth contributions; and (3) if a SIMPLE IRA, the account has been in existence for over 2 years. I understand that I am responsible for initiating and completing the transfer of funds from my IRA to the receiving plan, including the delivery of funds to the receiving plan. I further understand that all such rollovers must be made in cash - in-kind rollovers are not permitted.

Signature of Participant:____

Name (printed):____

Date: _______________________________________

NOTE: YOU MUST ATTACH COPIES OF YOUR MOST RECENT IRA STATEMENT AND YOUR IRA PLAN DOCUMENT TO THIS FORM. A SEPARATE FORM MUST BE COMPLETED FOR EACH IRA TO BE ROLLED OVER.

THE ROLLOVER CHECK MUST BE MADE PAYABLE TO:_________________________
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PLEASE RETURN THIS COMPLETED FORM WITH THE ROLLOVER CHECK TO:
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