

QUALIFIED PLAN DIRECT ROLLOVER CERTIFICATION FORM INSTRUCTIONS

Use this form when a participant would like to roll over funds from a previous employer's qualified retirement plan 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. His/her previous employer should complete the rest. The completed form and the rollover check should be returned to you and you should fax or send copies to IBI.

One form must be completed for each rollover. So, if the employee has 2 previous plans, then 2 certification forms must be completed.

QUALIFIED PLAN DIRECT ROLLOVER CERTIFICATION FORM

PLAN NAME: _____

PARTICIPANT NAME: _____

SOCIAL SECURITY #: _____

Have your previous employer, as plan administrator, complete the following certification

Name of Distributing Plan: _____

Company name: _____

The Plan Administrator of the Distributing Plan certifies to the best of its knowledge that: (1) the plan is designed or intended to be qualified under IRC Section 401(a); (2) the direct rollover to the receiving plan will include no after-tax employee contributions; and (3) to the extent applicable, consent requirements under IRC Sections 401(a)(11), 411(a)(11) and 417(a)(2) have been satisfied prior to the direct rollover.

Signature of Plan Administrator: _____

Name (printed): _____

Date: _____

THE ROLLOVER CHECK MUST BE MADE PAYABLE TO: _____

PLEASE RETURN THIS COMPLETED FORM WITH THE ROLLOVER CHECK TO:
