ROLLOVER OUT OF ICMA-RC FORM

Use the enclosed form to request a direct rollover from an ICMA-RC 457 or 401 plan account to an eligible retirement plan or IRA with another provider.

IMPORTANT INFORMATION

In most cases, you are not required to transfer assets out of your current retirement plan and you may find there are advantages to keeping assets in the plan (e.g., withdrawal options, investment options, fees). If you have any questions about whether or not you can keep your assets in your current retirement plan, please contact ICMA-RC at 800-669-7400.

NOTES

1. Please read the instructions carefully.
2. Prior to requesting a rollover from your account, please review the Special Tax Notice Regarding Plan Payments for important information regarding rollovers and distributions from your account.
3. Complete all sections of the enclosed rollover form in their entirety.
4. An employer signature is required in Section 6 of the form to confirm that you are eligible to withdraw/rollover funds from your account.
5. Print clearly in blue or black ink.

Other Withdrawal Requests

The enclosed form should only be used to request a direct rollover from an ICMA-RC 457 or 401 account to an eligible retirement plan or IRA with another provider. For all other requests, including a purchase of service credits, please contact ICMA-RC for the appropriate forms.

Mail or Fax Completed Forms to ICMA-RC.

Mail:
ICMA-RC
ATTN: Workflow Management Team
P.O. Box 96220
Washington, DC 20090-6220

Fax:
ICMA-RC
ATTN: Workflow Management Team
202-682-6439

If you fax the form, please do not mail it to ICMA-RC. Keep the original for your records.

Rollover – A rollover is a payment from your employer sponsored retirement plan that is transferred directly to another eligible employer plan (e.g., 403(b), 457(b), 401(a), 401(k)) or IRA. Assets that are rolled over are not subject to taxes until they are later withdrawn from the receiving plan.

FORM INSTRUCTIONS

The information in this section will help you complete the enclosed form. If you need assistance or have any questions regarding your options, please contact ICMA-RC.

1) **Participant Information**
   Please complete all of the information in Section 1 of the form. This will help to ensure your request is processed in a timely manner.
2) **Transfer From: ICMA-RC Account**
   Specify the ICMA-RC account that you wish to transfer. If you are transferring assets from multiple accounts, a separate form is needed for each account.
3) **Transfer To: Other Provider Account Information**
   Provide information on the account and trustee/custodian that will receive the rollover.
4) **Rollover Amount**
   Please specify whether you wish to transfer your total account balance or a partial transfer of a specific dollar amount. Partial transfers will be distributed pro-rata from all eligible investments in your account, unless you specify the transfer should be taken from specific funds in your account (attach a separate document with instructions).

   - Roth and Other After-Tax Assets – If your account includes Roth and/or other after-tax assets, please review the information in the "Special Circumstances" section on the following page.

5) **Participant Signature**
Please sign and date Section 5 of the form, and confirm whether or not you are a current U.S. citizen.

6) **Employer Signature**
If this is your initial request for a withdrawal from this account, an authorized employer signature is required. Failure to obtain the required employer signature could delay the processing of your request.

SPECIAL CIRCUMSTANCES

IRS Required Minimum Distributions (RMDs)
After you reach age 70½ or separate from service (whichever is later), you will be required to withdraw at least a minimum amount from your account each year. RMD amounts are not eligible rollover distributions and will be paid out to you if you transfer your account balance to an eligible plan with another provider.

Vesting (401 Plans)

Your ownership of employer contributions in your account is determined by your plan's vesting schedule. If you leave employment before you are 100% vested, you will forfeit any employer contributions to your account for which you are not yet vested. The forfeited amounts are returned to your employer when you initiate withdrawals from your account.

Qualified Joint and Survivor Annuity (Applies to Some 401 Plans Only)

If you are a married participant withdrawing assets from a 401 plan where the employer has selected the Qualified Joint and Survivor Annuity as the default form of payment, you and your spouse must also complete the *Waiver of Qualified Joint and Survivor Annuity Form*. This form is available online or by contacting ICMA-RC.

Roth & Other After-Tax Assets

- **Roth Assets**
  If your rollover includes Roth assets, the receiving plan must be a Roth IRA or a retirement plan with a Roth deferral feature (e.g., 457/401(k)/403(b) plans which allow Roth deferrals). You should give careful consideration to how Roth assets are withdrawn, and be aware of the impact a rollover to a Roth IRA may have on when you are eligible for tax-free withdrawals of Roth assets. Please review the *Special Tax Notice Regarding Plan Payments* for additional information.

- **Other After-Tax Assets**
  If your account balance includes other (non-Roth) after-tax assets, these assets will be distributed after other assets in your account, except as noted under "Partial Transfers" below.

Total Account Transfers (100%): If you do not want your Roth or after-tax assets included in your rollover, check the applicable box in Section 4 of the form, and specify "0%" in the space provided.

If the recipient plan is not able to receive a rollover of Roth or other after-tax assets, these amounts will be sent directly to you.

Partial Transfers: If you request a partial transfer of a specific dollar amount, the amount will be taken from the pre-tax assets in your account, prior to any Roth or other after-tax assets, unless you check the applicable box in Section 4 of the form.

ICMA-RC
Building Retirement Security

ROLLOVER OUT OF ICMA-RC FORM

1 Personal Information

Employer Plan Number ___ ___ ___ ___ ___ ___

Employer Plan Name _____

Full Name of Participant

___ ___
Last First M.I.

Social Security Number (for tax reporting purposes)
___ ___ ___ - ___ ___ - ___ ___ ___ ___

Date of Birth
___ ___ / ___ ___ / ___ ___ ___ ___
Month Day Year

Daytime Phone Number
(___ ___ ___) ___ ___ ___ - ___ ___ ___ ___
Area Code

Mailing Address/Street

___ ___

City **State** **Zip Code**

___ ___

Marital Status
☐ Married ☐ Single

2 Transfer From: ICMA-RC Account

Specify the ICMA-RC account for the transfer (Check one box only. Each transfer requires a separate form).

☐ 457 plan account. Plan Number 30 ___ ___ ___ ___ Employer Plan Name_____

☐ 401 plan account. Plan Number 10 ___ ___ ___ ___ Employer Plan Name_____

3 Transfer To: Other Provider Account Information

Provide information on the account and trustee/custodian that will receive the rollover. (Check one)

☐ 457 plan ☐ 401 plan ☐ 403(b) plan ☐ Traditional IRA ☐ Roth IRA ☐ Other: _____

Name of Trustee/Custodian of Recipient Plan or IRA _____

Name of Eligible Employer Plan (if applicable) _____

Phone Number of Trustee/Custodian (___ ___ ___) ___ ___ ___ - ___ ___ ___ ___

Address of Trustee/Custodian_____

City _____ State ___ ___ Zip Code ___ ___ ___ ___ ___ - ___ ___ ___ ___

☐ **Co-Provider Transfer:** Check this box if you are transferring 457 plan assets to a co-provider and to acknowledge that the co-provider's 457 plan is offered through your current employer.

4 Transfer Amount (must be completed)

1. ☐ Total account balance (100%)
   ☐ _____% Check this box and specify an alternate percentage if you want less than 100% of your Roth and/or other after-tax assets transferred/distributed with your request *(if applicable)*.
2. ☐ Partial transfer of $_____
   ☐ Check this box to have your transfer taken first from your Roth or other after-tax balance *(if applicable)*.

5 Participant Signature

By signing this form, I acknowledge that I have received and reviewed the Special Tax Notice Regarding Plan Payments, and the additional disclosures contained in the form instructions, and I direct ICMA-RC to process the account transfer specified on this form. As required by law and under the penalty of perjury, I certify that the Social Security Number (Taxpayer Identification Number) I have provided is correct.

_____ ____ ____/____ ____/____ ____ ____ ____ U.S. citizen. ☐ Yes ☐ No
Participant Signature Month Day Year

6 Employer Signature

By signing, the employer confirms the participant is eligible to receive payments out of the retirement plan designated in Section 2. Section 6 does not need to be completed if the employer has already notified ICMA-RC of the participant's separation from service.

Participant's Last Day of Employment ____ ____/____ ____/____ ____ ____ ____ Vesting Status (if applicable): _____%
Month Day Year

_____
Authorized Employer Official's Signature Date

_____ _____
Authorized Employer Official's Name (Please Print) Authorized Employer Official's Title (Please Print)