



Return To: Paychex Retirement Services
 ATTN: 401(k) Rollover
 1175 John St., West Henrietta, NY 14586
 Fax: (585) 389-7878

**Retirement Services
 Employee Rollover Form**

Please Select One:

- Pre-Tax Rollover** – Complete section 1 and sign **Roth Rollover** – Complete section 2 and sign

**** If you are unsure of which option to select please contact your prior recordkeeper for instructions****

SECTION 1: PRE-TAX ROLLOVER PARTICIPANT INFORMATION – All information is required

Participant Name _____ E-mail Address _____
 Company Name _____ Office/Client Number _____
 Date of Birth ____/____/____ Date of Hire ____/____/____ Phone Number (____) _____
 Social Security Number (last 4 digits): XXX-XX-_____

SECTION 2: ROTH ROLLOVER PARTICIPANT INFORMATION – All information is required

Participant Name _____ E-mail Address _____
 Company Name _____ Office/Client Number _____
 Date of Birth ____/____/____ Date of Hire ____/____/____ Phone Number (____) _____
 Social Security Number (last 4 digits): XXX-XX-_____

Prior Qualified Plan Name _____
 Address _____ City _____ State _____ Zip _____
 Establishment Date ____/____/____ Contribution Amount \$ _____ Earnings Amount \$ _____

(The “contribution amount” plus the “earnings amount” MUST equal the total check amount)

Important Note: Only plans that permit employees to make Roth 401(k) salary deferrals may accept Roth 401(k) rollovers. Refer to the General Information Sheet/Summary Plan Description or contact your plan administrator to determine if your plan accepts Roth 401(k) rollovers. Loans and hardship withdrawals will not be issued from your Roth 401(k) account balance. Both the pretax and Roth 401(k) rollovers will be invested using the same fund allocations (refer to Participant Investment Selection Information above). The amount reported in this section may not be rolled into this plan until your former employer provides documentation pertaining to the requested rollover of Roth 401(k) funds. **Indirect Rollovers:** *Only the taxable portion of a Roth distribution can be rolled into a qualified plan.*

PARTICIPANT INVESTMENT SELECTION INFORMATION:

If you have made investment selections in your company’s 401(k) retirement plan with Paychex, your rollover funds will be invested according to your current fund allocations.

If you have NOT made investment selections, STOP. If you are currently eligible to participate in your company’s plan, select funds by accessing the web site at <https://benefits.paychex.com> or calling Paychex Retirement Services at 1-877- 244-1771. If you are not yet eligible to participate, you must complete a paper enrollment form to select funds. Paper enrollment forms can be obtained through your employer, financial advisor, or by contacting Paychex Retirement Services. Fund selections **MUST** be made prior to sending your rollover to Paychex. If you have not made investment selections prior to your rollover being invested, your funds will be invested in the Participant Default Fund within your company’s plan. Please review the Fee Disclosure Statement for Participants prior to enrolling.

PLAN PARTICIPANT SIGNING AND SUBMITTING THIS FORM TO PAYCHEX ACKNOWLEDGES:

- Receipt of this form by Paychex does not initiate the rollover of prior plan assets. You must **contact your prior plan administrator** to initiate the transfer of assets to Paychex.
- If you are not yet eligible to participate in your company’s plan, you may roll funds into the plan; however, a loan from rollover balance is not available until you are eligible to participate in the plan.
- Funds rolled into the plan become subject to the terms of the plan sponsored by your employer.
- Receipt of the Fee Disclosure Statement for Participants.
NOTE: Check must be payable to: Paychex FBO “Participant Name/Social Security Number” - **If the check is not made payable to Paychex,** it may be returned to you at your home address via certified mail to be reissued payable to Paychex.

AUTHORIZATION AND SIGNATURE

I hereby certify that this rollover represents a distribution from an eligible retirement plan, and that I understand the terms of the plan as they apply to my rollover account. The authorization set forth in this form shall become effective at the earliest time permitted by the terms of the plan.

Participant Signature: _____ **Date:** ____/____/____