



**DIRECT ROLLOVER INFORMATION**

(To be completed by Trustee of IRA or eligible plan receiving rollover)

Please complete both sections if the distribution will include a taxable portion and a non-taxable portion.

**Taxable Portion**

- 0 TRADITIONAL INDIVIDUAL RETIREMENT ACCOUNT/ANNUITY  
0 ROTH INDIVIDUAL RETIREMENT ACCOUNT/ANNUITY  
0 401(a) QUALIFIED PLAN, 403(a) QUALIFIED ANNUITY, 403(b) ANNUITY CONTRACT, OR 457(b) GOVERNMENTAL PLAN

Name of Financial Institution: \_\_\_\_\_

Make check payable to: \_\_\_\_\_

Account number (if applicable): \_\_\_\_\_

Mail check to: \_\_\_\_\_

As agent for the above-named plan, I certify that the above plan is an eligible plan and will accept the rollover for the benefit of the distributee of pre-tax dollars that would otherwise be taxable upon distribution.

Trustee/Agent signature: \_\_\_\_\_

Telephone: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Non-Taxable Portion**

- 0 TRADITIONAL INDIVIDUAL RETIREMENT ACCOUNT/ANNUITY  
0 ROTH INDIVIDUAL RETIREMENT ACCOUNT/ANNUITY  
0 401(a) QUALIFIED PLAN OR 403(b) ANNUITY CONTRACT

Name of Financial Institution: \_\_\_\_\_

Make check payable to: \_\_\_\_\_

Account number (if applicable): \_\_\_\_\_

Mail check to: \_\_\_\_\_

As agent for the above-named plan, I certify that the above plan is an eligible plan and will accept the rollover for the benefit of the distributee of post tax dollars, and will separately account for such post tax dollars. In the case of a 401(a) qualified plan or a 403(b) annuity contract.

Trustee/Agent signature: \_\_\_\_\_

Telephone: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_