Rollover Contribution Acceptance and Remittance Form

(For ROTH Rollovers, use the separate form designated specifically for ROTH rollovers)

Boston VA Research Institute, Inc. 403(b) Plan/8935/Location Name & Number________________

Note: This form will not initate a withdrawal from another account. You will need to request a distribution from your other plan. This form should not be used if you are not eligible to receive a distribution, but instead have elected to do a direct transfer of assets from another like plan. If you need to do a direct transfer, a copy of the Transfer Acceptance and Remittance Form can be obtained from your Plan Representative.

STEP ONE - Indicate type of plan from which funds will be rolled over:

- ☐ **Qualified Plan**
- ☐ **Simple IRA that has been in existence at least 2 years**
- ☐ **Simplified Employee Pension (SEP)**
- ☐ **403(b) Plan**
- ☐ **457(b) Government Plan**
- ☐ **Personal IRA consisting only of funds taxable when withdrawn**
  Nondeductible contributions cannot be rolled over

If the funds are not originating from one of the plan types listed above, they cannot be rolled over into this plan.

Participant Certification:
I hereby certify, under penalties of perjury, that the transferred funds are from the type of plan selected above. I also certify, under penalties of perjury, that I am eligible for a distribution from the plan, that all the funds are eligible for rollover and that any restrictions indicated above have not been violated. I understand that the funds will be invested according to my existing investment election for payroll contributions*.

______________________ ______________ **Accepted By:** ______________________ ______________

Participant's Signature **Date** **Plan Representative** **Date**

Please note that if it is later determined that the rollover contribution was invalid, the invalid rollover contribution, plus any earnings attributable to the contribution, will be distributed to you.

STEP TWO - Remittance Instructions:
The rollover check or wire should be sent to:

If Mailed:	If Overnight Service or Two-Day Carrier:	If Wired:
MG Trust Company Attn: TPA #000107 FBO: Boston VA Research Institute, Inc. 403(b) Plan P.O. Box 46546 Denver, CO 80201	MG Trust Company Attn: TPA #000107 FBO: Boston VA Research Institute, Inc. 403(b) Plan 700 17th Street, Suite 100 Denver, CO 80202 Phone Number: (720) 956-6575	United Western Bank 700 17th Street, Suite 100 Denver, CO 80202 Phone Number: (720) 956-6575 ABA Routing Number: 102089534 Beneficiary Account Number: 2700000017 Beneficiary Account Name: TPA #000107 Reference: Boston VA Research Institute, Inc. 403(b) Plan
Make check payable to: MG Trust Company FBO **Boston VA Research Institute, Inc. 403(b) Plan**		By Order Of: (Client/Plan bank account number)

If a check is being sent, it should be attached to this form and mailed to the above address. If the rollover check has already been made out to either the plan or plan sponsor, endorse the check as follows and attach it to this form and mail to the address above.

Name of Plan or Plan Sponsor
By: Fiduciary/Agent on account
Pay to the Order of MG Trust Company
TPA 000107

STEP THREE - FAX A COPY OF THIS FORM AND A COPY OF THE ROLLOVER CHECK TO CPI AT (620) 793-7463 to ensure the proper handling of the rollover contribution. *If a fund election has not previously been completed by the participant, fax one along with this form to the above fax number. However, if a fund election has been previously completed, all fund election changes must be made through the Web Site or IVR. Do not send a new paper copy.

Rollover Contribution Acceptance and Remittance Form **Plan Ref: 8935**

Please Complete:

Date: ______________________

Social Security Number

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Participant Name: ______________________________

(Please Print Clearly)

Mark one: ☐ Check ☐ Wire

Amount of Check/Wire $ ☐☐☐,☐☐☐.☐☐

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