



# ROLLOVER CONTRIBUTION FORM

Employee Name: \_\_\_\_\_ Current Employer: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

## Prior Plan or IRA Information (required):

Financial Institution and/or Former Employer: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

## Rollover Amount:

- 100% Full Liquidation
- Specified Dollar Amount \$ \_\_\_\_\_
- Account Number: \_\_\_\_\_

## Type of Plan:

- 401(k)  Profit Sharing  Money Purchase  403(b)  457  Traditional IRA  Rollover IRA  Roth 401(k)
- Other \_\_\_\_\_

**Note:** Your prior provider may have additional distribution requirements. Please contact your prior provider for the required forms.

## Check One:

- I have sent a completed distribution form to my prior plan/IRA. (Please attach a copy.)
- I have requested a distribution form to be sent to me and will complete it and submit it.
- I have not yet requested or completed any form from my prior plan/IRA.

**Investment Election (Please check one):** NOTE – If no investment selections are provided, funds will be invested using current investment elections. If no investment elections exist, funds will be deposited into your plans default investment option.

- I elect to have my rollover invested according to my current allocation on file for new deferral contributions.
- I elect to have my rollover invested in the following manner: (See your enrollment booklet or participant website for your plan's investment options.)

_____ %	_____
_____ %	_____
_____ %	_____
_____ %	_____

Initial: \_\_\_\_\_ Date: \_\_\_\_\_

**For assistance rolling money into your plan with Mutual of Omaha, call (800) 679-6019 (Option 3).**

**PARTICIPANT ACKNOWLEDGEMENT**

I hereby direct you to liquidate all the assets of the contract/account(s) immediately upon receipt of this request. Since this is a rollover, please do not withhold any amount for taxes.

The check should be made payable to “**Matrix Trust Company – FBO [Your Name]**” and mailed to the address shown below. I further verify that:

- a. These funds represent an eligible rollover distribution and do not include: required minimum distribution (RMD’s), any distribution that is part of a series of substantially equal periodic payments lasting ten (10) or more years, distributions due to financial hardship, distributions to a non-spouse beneficiary or nontaxable contributions; and
- b. If I received the distribution, it has not been more than 60 days since receipt.

I am eligible for a direct rollover from the retirement plan, these funds represent only eligible rollover distributions, and I hereby designate this contribution as an eligible direct rollover contribution.

I understand if only a portion of the eligible distribution amount is rolled over, the amount retained (less my cost basis) will be taxed as ordinary income, and if under age 59½, may incur a 10 percent early distribution penalty.

I, undersigned Owner of the previously mentioned account(s) request a rollover of the cash proceeds/account balance to Mutual of Omaha Insurance Company. It is my intention that this surrender and payment shall not constitute either actual or constructive receipt of income for federal income tax purposes, and therefore qualifies as a rollover of assets. I request that my name not appear as a joint payee on the check nor shall any endorsement thereon be necessary for transfer or deposit. If my name is used it must be preceded by the term FBO, or “for the benefit of.”

I understand that once assets are rolled to an employer-based qualified retirement plan, they are treated as plan assets and are subject to the provisions of the plan document and federal laws. Qualified retirement plans may have restrictions to when the money in the plan is accessible for withdrawal. Rollover contributions will be subject to minimum distribution requirements, qualified joint and survivor annuity requirements, if applicable, and early distribution penalty rules. I have reviewed my employer’s Summary Plan Description for more information regarding withdrawals.

My signature below confirms that the information provided is accurate, my understanding of the preceding acknowledgements and that I am responsible for any tax consequences or penalties that may apply as a result of these transactions.

**Participant Signature** *(Required)* \_\_\_\_\_ **Date** \_\_\_\_\_

**Participant Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**REQUIRED**

**TO BE COMPLETED BY PLAN ADMINISTRATOR OR TRUSTEE**

The plan designated is a valid qualified retirement plan (as described in IRC Sec. 401(a)). The undersigned hereby agrees to serve as the Trustee or Plan Administrator for the account of the above named individual and, in that capacity, agrees to accept the rollover of the assets listed.

Name of Organization \_\_\_\_\_ Plan # \_\_\_\_\_

*Authorized Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

SEND COMPLETED FORM TO:

**FAX#: (402) 351-2176**

**or**

**E-MAIL TO: rollovers@mutualofomaha.com**

MAIL CHECK TO:

**Mutual of Omaha Insurance Company**

**ATTN: Check Zone/RPD**

**9330 State Hwy 133**

**Blair, NE 68008**

**FOR ASSISTANCE CALL: (800) 679-6019 (Option 3)**