



ROLLOVER CERTIFICATION FORM for Individual Participant

ABA Retirement Funds Program ("the Program")
P.O. Box 55072 • Boston, MA 02205-5072

Customer Contact Center: 800.348.2272
Website: www.abaretirement.com

Complete this form to submit rollover contributions. A separate form must be completed for each participant's rollover. The participant completes section 1 and signs section 3. The Authorized Plan Representative completes section 2 and mails the original, signed form (along with a check from the rollover institution) to the address shown above. The rollover contribution will be invested according to the investment election established by the participant for employer contributions.

Please note: Pursuant to the American Bar Association Members Retirement Plan Basic Plan Document No. 03, a rollover contribution may only be made by an active employee. Rollover contributions are not permitted if the participant no longer works for your firm.

Checks should be made payable to ABA Retirement Funds Program.

1. ROLLOVER INFORMATION

Participant's Name: _____ Social Security Number: _____-____-____

Daytime Phone Number (____) ____ - _____ Email: _____

Rollover Amount: \$ _____

Post-Tax Rollover Contribution, if any: \$ _____

Roth 401(k) Rollover Contribution, if any: \$ _____

Roth 401(k) Earnings, if any: \$ _____

First Date Roth 401(k) Contributions were made: _____

By signing below, the Authorized Plan Representative certifies that he/she is satisfied that the assets originated from one of the following sources:

- 401(a) qualified plan [this includes 401(k) plans]
- 403(b) plan
- Governmental 457 plan
- Individual Retirement Account*
- SIMPLE IRA
- SEP or SARSEP IRA Account

Note: *In certain instances, rollovers are considered to be "related" for purposes of top heavy testing. This generally occurs where rollover funds derive from a retirement plan sponsored by an employer which is related to the employer sponsoring this plan.*

Check here if this amount should be denoted as a related rollover on our recordkeeping system.

2. EMPLOYER INFORMATION

Program Plan Number: _____ Employer Tax ID Number: _____-____-____ IRS Plan Number: _____

Employer's Name: _____

This certifies that the enclosed rollover contribution to the plan referenced above in the ABA Retirement Funds Program from the participant named above constitutes a qualified rollover contribution. The funds were held in a conduit IRA, contributory IRA* or eligible employer plan.

* Assets held in a non-deductible or Roth IRA ("after-tax") may not be rolled over.

3. SIGNATURES

SIGNATURE OF PARTICIPANT

DATE

PRINT PARTICIPANT NAME

AUTHORIZED PLAN REPRESENTATIVE

DATE