

Standard Retirement Services, Inc. 1100 SW Sixth Avenue Portland OR 97204-1020 Phone: 800.858.5420

## Application for Rollover Form Center for Family Services Inc 401(k) Salary Reduction Plan/806795

| St   | tep One:   |   |   |  |  |  |   |  |
|--|--|---|---|--|--|--|---|--|
| Participant Name:  |  |   |   |  | Social Security Number:  |  |   |  |
| Na   |  | irement Plan Provider:  | ?)  |  |  |  |   |  |
| Fo   | rmer Employer Re   | etirement Plan Name:  |   |  |  |  |   |  |
| Si   | tep Two:   |   |   |  |  |  |   |  |
| Contact your prior retirement plan provider to initiate your rollover distribution to The Standar  |  |   |   |  |  |  |   |  |
| The check from your prior retirement plan provider must be made payable to the custodian listed below. If payable to you, please endorse as: Payable to (custodian listed below) |  |   |   |  |  | the check is   |   |  |
|  | Mail the check to the following address:   |   |   |  |  |  |   |  |
|  | Regular Mailing Address  |   |   |  | Overnight Mailing Address  |  |   |  |
|  | Reliance Trust Company   |   |   |  | Reliance Trust Company   |  |   |  |
|  | FBO: (Participant's Name)  |   |   |  | FBO: (Participant's Name)  |  |   |  |
|  | Custodian Account No. 0155815830   |   |   |  | Custodian Account No. 0155815830   |  |   |  |
|  | Mail Stop 579<br>PO Box 5396   |   |   |  | Box 5396 Mail Stop 579<br>270 Remington Blvd Ste B   |  |   |  |
|  | Carol Stream, IL 60197-5396  |   |   |  | Bolingbrook, IL 60440  |  |   |  |
|  | Request a copy of your most recent retirement plan statement.  |   |   |  |  |  |   |  |
|  |  |   |   |  |  |  |   |  |
| •  | • For Roth Contributions, please confirm the following with your prior retirement plan provider to ensure taxation on future Roth distributions is accurate:                           |   |   |  |  |  |   |  |
|  | Date of First R  | Roth Contribution:  |   |  |  |  |   |  |
|  | Total Roth Co  | ntributions   | \$  |  | i  |  |   |  |
|  | Total Earnings   | s on Roth Contributions   | \$  |  |  |  |   |  |
|  | Approximate C  | Check Total (sum of above)  | \$  |  |  |  |   |  |
| NI-  |  | ,   |   |  |  |  |   |  |
| Note: Roth IRAs cannot be rolled into this plan.   |  |   |   |  |  |  |   |  |
| 9  | ton Thron  |   |   |  |  |  |   |  |
| 31   | tep Three:   |   |   |  |  |  |   |  |
| Si   | gn and Date  |   |   |  |  |  |   |  |
|  | to certifying the dis<br>periodic payments.<br>not more than sixty<br>and may include: o<br>distribution include<br>provide information<br>based on my contri<br>will be placed into t | tribution did not come from a benefic If the distribution was not one of a s days before the date of the rollover. I distributions from a 401(a), 401(k), 40 s after-tax amounts, I understand that related to the cost basis of those ambution directives in place at the time | iary a<br>eries<br>Distril<br>03(b),<br>It thos<br>lounts<br>the ro | occount, of perions butions govern se amou s. I unde | ion made to this plan is eligible for rollover. T was not a required minimum distribution and dic payments, and if an indirect rollover, then eligible for rollover into this plan will be determental 457(b) plans, an IRA, a Roth 401(k), ants can only be rolled over if my plan accepts erstand that if this rollover is accepted, it will be received by The Standard. If I do not have dirmation on eligible rollover distributions please | was not one<br>the distribut<br>mined by my<br>or a Roth 403<br>s such contril<br>be directed to<br>irectives in p | e of a series of<br>tion was received<br>Plan Administrator<br>3(b) plan. If my<br>ibutions and if I<br>to investments<br>place, the rollover |  |
|  | PARTICIPANT  | SIGNATURE:  |   |  | DATE:  |  |   |  |

## **Step Four:**

Submit this application for rollover form and a copy of your most recent statement from your prior provider to The Standard. Choose one of three options below:

Email to: Rolloverforms@standard.com

Fax to: 971-321-7998

Mail to:

Standard Retirement Services, Inc. 1100 SW 6<sup>th</sup> Avenue Portland OR 97204-1020

## PLEASE NOTE:

- If the distribution check was made payable to you, the rollover funds and a check for any taxes withheld from your eligible distribution, must be received by The Standard within 60 days of the date on the distribution check. Please send a cashier's check not exceeding the gross distribution amount using the mailing instructions under step two.
- Certain types of distributions are not eligible for rollover, including: required minimum distributions, non-taxable payments (after-tax contributions) from IRAs, Roth IRAs, periodic payments for your life or for a period of 10 years or more and hardship withdrawals.
- A rollover check that is received at The Standard will be returned if a completed Application for Rollover is not received within 30 business days.

If you need assistance completing this form or have questions, please call a customer service representative at 800.858.5420.