

Instructions

According to the plan document, you may transfer a distribution from another eligible employer retirement plan or from a traditional pretax IRA known as the **source plan** into this Plan. This type of transfer is known as a *rollover contribution*. There are several guidelines that you must follow for the rollover to be accepted.

We Accept Distributions From:

1. Employer plans qualified under section 401(a)/401(k) or 403(b) - Pre-Tax and Roth
2. Rollover IRAs (Pre-Tax rollover to an IRA from an employer plan qualified under section 401(a)/401(k) or 403(b))
3. Traditional Pre-Tax IRAs
4. SIMPLE IRAs
5. Governmental 457 Plans
6. SEP IRAs

We Do Not Accept Distributions From:

1. Any Type of Roth IRA
2. Inherited IRAs
3. Traditional After-Tax IRAs
4. Non Governmental 457 Plans
5. Any After-Tax received from a Plan

Three ways a rollover may be contributed to the Plan:

1. A Direct Rollover is a check written by the **source plan** directly to the Plan's custodial account.
2. An Indirect Rollover is a check payable to you, which you received as a distribution from the **source plan** and endorsed by you over to the Plan's custodial account. (Not available for Roth Rollovers.)
3. An Indirect Rollover may also be your personal check, payable to the Plan's custodial account, for up to the taxable amount you received from the **source plan**. (Not available for Roth Rollovers.)

Please note for Indirect Rollovers: 1) You only have 60 days to complete the rollover, and 2) You may include the repayment of the 20% federal income taxes withheld from the **source plan** distribution. You can reclaim the withheld taxes when you file your personal tax return.

What you Must Do:

1. Complete the *Rollover Contribution Employee Certification* form by reading the rules and certifying that the rollover meets the required criteria. Additionally, you must contact Human Resource Department for pre-approval of your rollover.
2. If this is a Roth rollover, provide either a copy of the 1099R associated with the Roth distribution or complete the *Employee Certification of Roth Rollover*.
3. Provide a copy of your most recent account statement from your previous employer plan or IRA.
4. Have the check made payable to the Plan's custodial account:

Charles Schwab Bank, Acct# 100408, FBO WTIA 401(k) Plan; FAO <your name>.

5. Send the signed forms to Human Resource Department and have the check sent directly to the custodian at the following address:

Charles Schwab Bank | RBS Cash Management | P.O. Box 81686 | Austin, TX 78708

6. Remember that the check needs to be sent to the custodian and the forms to Human Resource Department.

Once your completed forms, your rollover check and a copy of your most recent statement are received, the Plan Administrator will verify that the amount is eligible for rollover. Once deposited, the funds will begin to share in any investment gains or losses of this Plan and will be subject to the Plan's distribution provisions. If your rollover is denied, you will receive an explanation letter or email.

We want to ensure that your rollover contribution is correctly processed and that neither you nor the Plan violates IRS regulations. If you have any questions, please contact Human Resource Department or the service center at 888-700-0808 **between 9am-8pm EST / 6am-5pm PST, M-F.**

Step 1: Enter Your Information

Name: _____ SSN: _____

I hereby request that the Plan Administrator consider and accept the below certification and associated check as a rollover contribution.

Your Signature _____ Date _____

Step 2: Your Certification (check all options below)

- I hereby certify that to the best of my knowledge the distribution I have received (or am eligible to receive) and which I am electing to roll over qualifies as an *eligible rollover distribution* because it is being distributed from an eligible retirement plan and because it **is not** being paid to me as: (1) one of a series of substantially equal payments payable over my life expectancy or the joint life expectancies of myself and my designated beneficiary; (2) one of a series of installment payments payable over 10 years or more; (3) all or part of a Required Minimum Distribution; (4) a financial hardship withdrawal; and (5) a return of any excess deferrals, excess contributions, or excess aggregate contributions.
- I further certify that to the best of my knowledge the distribution I have received (or am eligible to receive) and which I am electing to roll over is not from any of the following: Roth IRA, Inherited IRA, Traditional After-Tax IRA, Non Governmental 457 Plan, After-Tax received from another Plan.
- Attached is a copy of the most recent account statement from my previous employer plan or IRA custodian.

Step 3: Designate the Type of Rollover (choose one option below)

- DIRECT ROLLOVER (Pre-Tax Only) from a 401(a)/401(k) or 403(b) or a Governmental 457 source plan:** Credit to my Plan account a check in the amount of \$ _____. This check represents amounts distributed from an eligible employer plan.
- DIRECT ROLLOVER from a Roth 401(a)/401(k) or Roth 403(b) source plan:** Credit to my Plan account a check in the amount of \$ _____. Included with this form is either a copy of the tax form 1099-R that is associated with the check or the attached *Employee Certification of Roth Rollover* that has been completed and signed by me.
- DIRECT ROLLOVER from a Pre-Tax or Pre-Tax Rollover IRA:** Credit to my Plan account a check in the amount of \$ _____. This check, drawn on an IRA arrangement, does not include any after-tax monies and is not from a Roth IRA or an Inherited IRA.
- INDIRECT ROLLOVER (Pre-Tax Only) from a 401(a)/401(k) or 403(b) or a Governmental 457 source plan:** Credit to my Plan account a check in the amount of \$ _____. I certify that this amount was received as a distribution from an eligible **source plan** within the last 60 days and that it does not include any after-tax dollars. Please indicate the name of the **source plan** below:

Source Plan: _____

Please return completed forms to Human Resource Department

Plan Administrator Approval Signature

Plan Administrator Approval Date



Step 1: Enter Your Information

Name: _____

SSN: _____

I hereby request for consideration and acceptance this certification and associated check as a rollover contribution.

Step 2: Your Certification

Name of Source Plan: _____

I certify that, to the best of my knowledge, the rollover distribution being made from the **source plan** identified above:

- Is an eligible Roth rollover distribution as defined under the Internal Revenue Code.
- The first year of designated Roth contribution under the source plan was _____
- The amount of the rollover check attributable to Roth contributions is \$ _____
- The amount of the rollover check attributable to Roth earnings is \$ _____

Your Signature _____

Date _____

Please return completed forms to Human Resource Department