Presbyterian Senior Living 403(b) Plan

Rollover Verification Form

INSTRUCTIONS:

- To roll over funds from a prior employer's plan, complete Parts A, B, and D.
- To roll over funds from an IRA, complete parts A, C, and D.
- If you are redepositing a coronavirus-related distribution you took in 2020, complete Parts A, B, and D. In Part B, write "2020 coronavirus-related distribution" for the Plan Name.
- Return completed form along with rollover check as indicated in Part E.
- Your rollover check should be made payable to Charles Schwab Bank, 702715 FBO Your Name.
- Include any check stub or other documentation of the withdrawal you receive with your rollover check.

Part A – Employee Information

Name ______________________________________ Social Security # XXX-XX-X_ _ _

Address ______________________________________ Telephone # (___)________________

______________________________________ Date of Birth ____________________

Date of Hire ____________________

Part B – Prior Employer Retirement Plan Information

Plan Name ____

Employer Name ____

Address ______________________________________ Telephone # (___)________________

______________________________________ Check No. ____________________

Part C – IRA Information

The Plan is required to verify that the minimum required distribution rules have been met with respect to any rollover by a participant who has reached the minimum distribution age. This age is determined based upon your birth year and the law in effect -- age 73 if you were born before January 1, 1960, age 75 if you were born later.

☐ I am not subject to the required minimum distribution rules for this calendar year

☐ I am subject to the required minimum distribution rules and the IRA Custodian paid the required minimum distribution to me before the rollover.

Part D – Employee Certification

I hereby certify the information provided is correct to the best of my knowledge. If this rollover is from an IRA, I certify that it is from a traditional IRA or after the initial two year period from a SIMPLE IRA, and it is not from either a Roth IRA or an inherited IRA. I further certify that the funds rolled over do not include after-tax contributions or Roth 401(k) Contributions. If I am redepositing a coronavirus-related distribution, I certify that the amount I am redepositing does not exceed the amount I received, taking into consideration any amount I may have previously redeposited. I understand that while I am employed by Presbyterian Senior Living, the amount rolled over is only available for withdrawal as explained in the "Distributions While You Are Employed" section of the Summary Plan Description.

______________________________ ____

Date Signature of Employee

NOTE*: Your rollover will be invested according to your contribution investment elections that are in place on the day the rollover is invested. If you are making a rollover prior to otherwise participating in the Plan, you will need to choose how your rollover is invested by filling out an Enrollment/Election Form. Please contact the Plan Administrator for this form.*

Part E – Return Instructions

Please return this completed form to:

DC Plan Operations
Conrad Siegel
PO Box 5900
Harrisburg, PA 17110-0900
Fax: 717-540-9106
Email: data@conradsiegel.com

Rollover checks should be made payable to Charles Schwab Trust Bank, 702715 FBO {Your Name}.

Part F – Rollover Authorization *To be completed by* Conrad Siegel

☐ The Participant's request for a rollover into the Plan is hereby **approved**. The Trustee is authorized to accept the check /direct deposit described herein. The Recordkeeper is directed to maintain an appropriate record and accounting of the qualified source from which the funds were received.

☐ The Participant's request for a rollover into the Plan is hereby **disapproved** for the following reason (specify):

- ☐ The employee is not eligible to have funds rolled into the Plan, either because the Plan requires him to be a participant or because he has terminated employment.
- ☐ The Plan does not accept a rollover from the particular source. (e.g. Roth, After-tax, IRA)
- ☐ The qualified status of the transferring/distributing plan cannot be verified.
- ☐ Other ____
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  ____

______________________________ ____

Date | Conrad Siegel, on behalf of Plan Administrator