



APPLICATION FOR ROLLOVER/ TRANSFER TO ROTH IRA

Complete this *Application for Rollover/Transfer to Roth IRA* to rollover or transfer money from an employer's retirement plan, an IRA, or a 529 account to your Roth IRA under the Defined Contribution Retirement Accounts of the Pension Fund of the Christian Church (Disciples of Christ) ("DCRA"). You must already have a Roth IRA under the DCRA or contemporaneously complete and return an *IRA Enrollment Form* along with this Application before you can rollover/transfer money into the Roth IRA. If you would like to establish an "inherited IRA" with assets from a retirement plan or IRA under which you are a designated beneficiary, complete the *Inherited IRA Enrollment Form* instead of this Application.

A rollover/transfer can be accomplished in one of the following ways:

- **Direct Rollover:** You may instruct the plan administrator of the distributing plan to directly transfer the amounts payable to you under the retirement plan to your Roth IRA under the DCRA. A direct rollover from a *pre-tax* retirement account is called a conversion. A trustee-to-trustee transfer from an IRA is treated as a transfer, not a direct rollover.
- **Indirect Rollover:** After having received money from the distributing plan or IRA, you may deposit the amounts you received to your Roth IRA under the DCRA, so long as the deposit is made within 60 days of the date you received the money from the distributing plan. If you miss the 60-day rollover deadline, you may be eligible to self-certify that you meet an exception to the 60-day rollover requirement by completing the *Certification for Late Rollover Contribution Form*. An indirect rollover from a *pre-tax* retirement account or traditional IRA is called a conversion.
- **Transfer:** You may request a trustee-to-trustee transfer from another IRA or a 529 account to your Roth IRA under the DCRA. A transfer from a traditional IRA is called a conversion. You may also recharacterize a contribution made to another IRA (including a traditional IRA) as instead made to your Roth IRA by requesting a transfer to your Roth IRA that is made no later than the due date (including extensions) for your tax return for the tax year during which the contribution to the first IRA was made. This type of transfer is called a recharacterization.

You can make only one rollover from an IRA to another IRA in a 12 month period (this limit applies to all of your IRAs in aggregate). This limit does not apply to transfers (including recharacterizations) or to rollovers from a traditional IRA to a Roth IRA (also known as a conversion).

IMPORTANT: You cannot rollover or transfer any portion of a distribution that is necessary to satisfy the required minimum distribution requirements under the distributing plan or IRA. You must satisfy any minimum required distribution requirements prior to a rollover or transfer, or leave the required distribution amount in the distributing plan or IRA and withdraw it prior to the distribution deadline.

You must complete a separate Application for each distribution eligible for rollover or transfer. Return the completed Application, supporting financial statements (*i.e.*, a copy of the most recent account statement), and, if applicable, a check from the current trustee or custodian or, if an indirect rollover, your personal check, to:

Pension Fund of the Christian Church
P.O. Box 6251
Indianapolis, IN 46206-6251

IMPORTANT: Retain a copy of this completed Application for your records. For assistance, please call 317-634-4504 or toll-free 866-495-7322.

- PLEASE TYPE OR PRINT CLEARLY -

I. IRA OWNER INFORMATION

IRA Owner Name _____ Account No. _____
(first) (middle) (last/family name) (if also opening an IRA, write "TBA")

☐ *Check here if there has been a change to your contact information on file.*

Home Address _____ Member Ref. No. _____

City _____ State _____ Country _____ Zip Code _____ - _____

II. ROLLOVER/TRANSFER INFORMATION (OTHER THAN RECHARACTERIZATIONS)

Rollover/transfer is a (*check one only*):

- ☐ DIRECT ROLLOVER from an employer retirement plan (401(a), 401(k), 403(b), or governmental 457(b)).
- ☐ INDIRECT ROLLOVER of a distribution paid to you from an employer retirement plan or another IRA within 60 days of receipt. *If you are making an indirect rollover past the 60-day deadline, you must also attach a Certification for Late Rollover Contribution Form.*
- ☐ TRANSFER (trustee-to-trustee) from another IRA or a 529 account.

Rollover/transfer is from (*check one only*):

- ☐ An account other than a designated Roth account under an employer retirement plan (401(a), 401(k), 403(b) or governmental 457(b)).
- ☐ Traditional IRA.
- ☐ Designated Roth account under an employer retirement plan (401(k), 403(b) or governmental 457(b)).
- ☐ Roth IRA: Year in which a Roth contribution was first made to the transferring Roth IRA .
- ☐ Pre-tax 403(b) account under DCRA.
- ☐ 529 account for which you are the named beneficiary.

Generally, you must include in your gross income the portion of any rollover/transfer to a Roth IRA that you would have had to include in income in the absence of the rollover/transfer (a conversion), *e.g.*, amounts from a *pre-tax* retirement account and earnings thereon or deductible contributions to a traditional IRA and earnings thereon. Please consult a tax advisor.

Attach a copy of the most recent account statement from the custodian/trustee/administrator of the distributing plan, or in the event of an indirect rollover, a copy of the distribution statement from the custodian/trustee/administrator of the distributing plan reflecting the gross amount of the distribution and any federal and state taxes withheld.

Name of Distributing Plan Account/Contract No.

Name of Custodian/Trustee/Administrator

Mailing Address

City State Country Zip Code -

Phone Number () Approximate Account Value \$

Rollover/Transfer Instructions for Custodian/Trustee/Administrator of the Distributing Plan (for Direct Rollovers/Transfers Other than 529 Account Rollovers). Please roll over or transfer the full or partial value of the account or contract identified above as a direct rollover or trustee-to-trustee transfer, as applicable, to the Roth IRA under the DCRA, as follows:

- ☐ Liquidate and process a partial distribution of \$ or % of my account or contract as a direct rollover/transfer to my Roth IRA.
- ☐ Liquidate and process a distribution of my entire account or contract as a direct rollover/transfer to my Roth IRA account.

Remit proceeds by check made payable to:

**Pension Fund of the Christian Church
For the benefit of [insert name of account or contract holder]
P.O. Box 6251
Indianapolis, IN 46206-6251**

III. RECHARACTERIZATIONS

Complete this Section III if you are requesting the recharacterization of a contribution made to a traditional IRA ("first IRA") as having been made instead to this Roth IRA.

- The amount of the contribution to the first IRA that is to be recharacterized is: \$.
- The date on which the contribution was made to the first IRA was: / / .
- The tax year for which the contribution to the first IRA was remitted was: 20 .

Your election to recharacterize and the transfer must both take place on or before the due date (including extensions) for filing your tax return for the tax year for which the contribution was made to the first IRA (generally, by October 15). An election to recharacterize an IRA contribution cannot be changed once a transfer is made.

Attach a copy of the most recent account statement from the trustee of the first IRA, reflecting the contribution to be recharacterized.

Name of first IRA _____ Account/Contract No. _____

Name of Trustee _____

Mailing Address _____

City _____ State _____ Country _____ Zip Code _____ - _____

Phone Number (_____) _____ Approximate Account Value \$ _____

Recharacterization Instructions for Trustee of the first IRA. Please transfer in a trustee-to-trustee transfer the amount of the contribution identified above and any net income (or loss) allocation to the contribution to:

**Pension Fund of the Christian Church
For the benefit of [insert name of account or contract holder]
P.O. Box 6251
Indianapolis, IN 46206-6251**

If the recharacterization relates to two IRAs that are maintained by Pension Fund, and the amount to be recharacterized includes the entire balance of the first IRA, Pension Fund will redesignate the first IRA as the second IRA, rather than transferring the account balance.

IV. 529 ACCOUNT ROLLOVERS

Complete this Section IV if you are requesting a rollover from a 529 account for which you are the named beneficiary.

- The date on which the 529 account was established was: ____/____/____. *The 529 account must have been maintained for 15 or more years to be eligible for rollover to a Roth IRA.*
- The amount of the requested rollover is: \$ _____.

Your 529 Account rollover cannot exceed the lesser of the amounts stated below:

- The aggregate amount contributed to the 529 account (and earnings attributable thereto) before the 5-year period ending on the date of this Application; or
- The annual IRA contribution limit applicable to you for the current taxable year, less aggregate contributions made to your IRAs for the taxable year; or
- \$35,000 less the aggregate of all previous 529 rollovers to your IRAs in the current and prior taxable years.

Attach a copy of the most recent account statement from the custodian of the 529 account.

Name of 529 Account _____ Account/Contract No. _____

Name of Custodian _____

Mailing Address _____

City _____ State _____ Country _____ Zip Code _____ - _____

Phone Number (_____) _____ Approximate Account Value \$ _____

Rollover Instructions for Custodian of 529 Account. Please transfer in a trustee-to-trustee transfer the amount identified above to:

**Pension Fund of the Christian Church
For the benefit of [insert name of account or contract holder]
P.O. Box 6251
Indianapolis, IN 46206-6251**

V. IRA OWNER CERTIFICATION AND SIGNATURE

By signing this Application, I make the following certifications:

- I certify that all of the following are true:
 - The distribution is from either an eligible retirement plan under Code Section 402(c)(8), which includes an IRA or a 401(a), 401(k), 403(b), or governmental 457(b) plan, or a 529 account to the extent permitted under Code Section 529(c)(3)(E); and
 - If the distribution is from an employer's retirement plan, it is an eligible rollover distribution under Code Section 402(c)(4); and
 - The distribution does not include amounts necessary to satisfy my minimum distribution requirement under the distributing plan or IRA, if applicable; and
 - If the rollover is an indirect rollover, the distribution is being contributed to my Roth IRA under the DCRA within 60 days after my receipt of the distribution from the eligible retirement plan or IRA, or I certify that my circumstances meet an exception to the 60-day rollover requirement, as provided in the attached *Certification for Late Rollover Contribution Form*; and
 - If the transfer is a recharacterization, the transfer is being made to my Roth IRA no later than the due date (including extensions) for filing my tax return for the tax year for which the contribution was made to the first IRA; and
 - If the distribution is from a 529 account, I am the named beneficiary of the account and the requested rollover, in aggregate with any other 529 rollovers I have made, is not in excess of the limitations set forth in Code Section 529(c)(3)(E).
- I understand that I am responsible for determining and tracking the cost basis in my Roth IRA.
- I understand that I am responsible for any tax consequences arising from this transaction and for any fees imposed by the distributing plan. I also understand that Pension Fund will rely on the representations I have made on this Application, and I hereby release Pension Fund from any liability regarding the accuracy of these representations.
- In support of these certifications, I have attached a copy of the most recent account statement from the distributing plan, IRA, or 529 account, or, if I am making an indirect rollover, a copy of the distribution statement from the distributing plan or IRA reflecting the gross amount of the distribution and the federal and state taxes withheld. My signature on this Application authorizes the custodian/trustee/administrator of the distributing plan, IRA, or 529 account to release any and all information regarding my account to Pension Fund in any form requested by Pension Fund.

Roth IRA Owner Signature _____ Date ____/____/____

VI. ACCEPTANCE BY PENSION FUND

In reliance on the above certifications, Pension Fund agrees to accept the above direct or indirect rollover or transfer for your benefit. The direct or indirect rollover amount or transfer will be credited to your Roth IRA under the DCRA.

Pension Fund Representative Signature _____ Date
____/____/____

Printed Name _____

Please remit a copy of this completed Application with a copy of the check for your direct or indirect rollover distribution or transfer to Pension Fund. The Application must be fully completed and signed in order for Pension Fund to process this request. It is very important that you make a photocopy of this Application for your records.

Pension Fund of the Christian Church

P.O. Box 6251, Indianapolis, Indiana 46206-6251

Toll Free Phone: 1.866.495.7322 • Phone: 317.634.4504 • Fax: 317.634.4071

E-mail: pfcc1@pensionfund.org • Website: www.pensionfund.org