



**Instructions**

To request a direct rollover to an IRA or an eligible retirement plan, complete all applicable sections of this form, obtain any required signatures, and return the form to Diversified at the above address. For rollovers to multiple financial institutions, complete a separate form for each institution. For further information, please refer to the Special Tax Notice Regarding Plan Payments or your Summary Plan Description, or contact your Plan Administrator.

**SECTION A. Employer Information**

Company/Employer Name \_\_\_\_\_ Contract/Account No. \_\_\_\_\_ Affiliate No. \_\_\_\_\_ Division No. \_\_\_\_\_

**SECTION B. Participant Information**

Social Security No. \_\_\_\_\_ Date of Birth (MM-DD-YYYY) \_\_\_\_\_ E-Mail Address \_\_\_\_\_  
Last Name \_\_\_\_\_ First Name/Middle Initial \_\_\_\_\_  
Mailing Address/Apt. No. \_\_\_\_\_ Phone No. \_\_\_\_\_ Ext. (if any) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Marital Status  
 Married  Single/Divorced

**SECTION C. Rollover Information**

**Rollover Options**

Reason for rollover:  Termination of employment  Retirement  Age 59 1/2  Pre-age 59 1/2 In-service withdrawal (if plan allows)

Full Rollover - Roll over my entire account, including the portion attributable to after-tax contributions.

Partial/Combination Rollover

**Pre-tax Contributions:**

100% or  \$ \_\_\_\_\_

For any remainder:

Distribute to me

Leave funds on deposit (if plan allows)

**After-tax Contributions:**

100% or  \$ \_\_\_\_\_

For any remainder:

Distribute to me

Leave funds on deposit (if plan allows)

**Rollover Contributions:**

100% or  \$ \_\_\_\_\_

For any remainder:

Distribute to me

Leave funds on deposit (if plan allows)

Note: If you are still employed, all of the above rollover options may not be available. Please refer to your Summary Plan Description or contact your Plan Administrator for additional information.

**Type of Rollover**

Roll over to:

Diversified IRA (proceed to Section D., also complete Traditional IRA Enrollment Application and Adoption Agreement, Form No. 3025-TN)

Traditional IRA with another financial institution

Eligible retirement plan (e.g., qualified plan, 403(b) program or governmental 457(b) plan) (Note: After-tax contributions can only be rolled over to another qualified plan or an IRA.)

IRA/Plan Provider Name \_\_\_\_\_

IRA/Plan Provider Address \_\_\_\_\_

IRA/Plan Account No. \_\_\_\_\_

IRA/Plan Provider Contact Name/Phone No. \_\_\_\_\_

**Payment Options**

Check  Wire transfer (Complete information below only if wire transfer option is selected. Option available only for lump sum or partial distribution of at least \$5,000. Any distribution less than \$5,000 will be processed in the form of a check.)

ABA No. \_\_\_\_\_

Institution Name \_\_\_\_\_

Account Name \_\_\_\_\_

Account No. \_\_\_\_\_

"Further Credit To" Institution Name \_\_\_\_\_  
(For wire to credit union or overseas bank, call Diversified for additional information.)

Note: If one of the above payment options is not selected, this rollover distribution will be processed in the form of a check.

**SECTION D. Outstanding Loan Options (if applicable)**

For any outstanding loan(s) at the time of my termination of employment, I elect to:

- Pay off the loan(s). (Call Diversified to verify loan payoff amount and procedure prior to submitting this form.)
- Roll over loan balance to new plan provider, if allowed by both the current and new plan.
- Default the loan(s). I understand that a taxable distribution will be reported to the IRS as indicated in the Special Tax Notice Regarding Plan Payments.

Note: If one of the above options is not selected, any outstanding loan(s) will be automatically defaulted in accordance with federal regulations.

**SECTION E. Tax Withholding (if applicable)**

The direct rollover of your entire account balance is not subject to federal or state tax withholding. In the event that a portion of your account is distributed in a single sum and has not previously been taxed, or if you default on your outstanding loan, the following tax withholding applies:

**Federal Income Tax Withholding** - 20% mandatory tax withholding applies.

**State Income Tax Withholding** - Withholding is mandatory in some states. Other states allow an independent election and in these states, state tax will be withheld unless you elect otherwise.  Do not withhold state income tax (if independent election is permitted).

**SECTION F. Participant Signature**

**For Married Participants:** I elect to waive qualified joint and survivor benefits (if applicable) with respect to the amount to be withdrawn from the plan. I understand that this waiver is not effective without the written consent (if applicable) of my spouse, witnessed by my Plan Administrator or a Notary Public.

**For All Participants:** I represent that the receiving plan will accept this direct rollover on my behalf and is an eligible retirement plan permitted by law to receive eligible rollover distributions. I understand that if I am a non-spouse beneficiary, I may not roll over this account. I certify that the information provided on this form is correct.

**X** \_\_\_\_\_  
Participant Signature Date Print Name and Social Security Number

**SECTION G. Spousal Consent (if applicable)**

I consent to my spouse's waiver of joint and survivorship benefits with respect to the amount to be withdrawn from the plan. I understand that this consent means that I will not receive any survivor benefits under this plan upon my spouse's death with respect to this amount. I understand that I do not have to consent to the waiver of this qualified joint and survivor annuity coverage, however, if I do consent by signing below, I may not revoke my consent.

**X** \_\_\_\_\_ **X** \_\_\_\_\_  
Spouse Signature Date Plan Administrator Signature or Notary Public Signature and Stamp/Seal Date

**SECTION H. Plan Administrator Information and Signature**

Vested %: \_\_\_\_\_ Employment status:  Active  Terminated \_\_\_\_\_  Retired \_\_\_\_\_  
Termination Date Retirement Date

Have all contributions been remitted?  Yes  No

Period end date of final contribution \_\_\_\_\_ (Processing will be delayed until final contribution is received.)

Note: This direct rollover request cannot be processed unless all applicable sections of this form have been completed.

I certify that the distributing plan meets any applicable regulatory requirements, that this rollover distribution constitutes an eligible rollover distribution, that this transaction is permissible under the provisions of the plan, that any required consents and waivers have been obtained, and that the information provided on this form is correct and complete.

**X** \_\_\_\_\_  
Plan Administrator Signature Date