



The Standard®

Application for Rollover Form

Dexter Community Schools 457 Plan

#807077

Note: Contact your prior retirement plan provider to initiate your rollover distribution to The Standard.

See reverse for instructions on completing this form

PARTICIPANT INFORMATION

PARTICIPANT NAME: <i>(please print)</i>	SOCIAL SECURITY NUMBER:
EMAIL ADDRESS:	DAYTIME PHONE NUMBER (REQUIRED):

ROLLOVER CONTRIBUTION INFORMATION

I request the plan administrator accept my rollover based on the following information.

Name of distributing plan or IRA custodian: _____

The requested rollover represents an eligible rollover distribution from a (check one option):

- a. ☐ Qualified retirement plan
- b. ☐ 403(b) plan (from prior employer)
- c. ☐ Governmental 457(b) plan
- d. ☐ Traditional IRA (After-tax contributions are not eligible for rollover. Only money that otherwise would be includible in gross income is eligible.)

Note: Roth IRAs cannot be rolled into this plan.

PARTICIPANT'S SIGNATURE

I hereby certify to the best of my knowledge that the rollover contribution made to this plan is eligible for rollover. Distributions eligible for rollover into this plan include: distributions from a 401(a), 401(k), 403(b), governmental 457(b) plans, an IRA, a Roth 401(k), or a Roth 403(b) plan. If my distribution includes after-tax amounts, I understand that those amounts can only be rolled over if my plan accepts such contributions and if I provide information related to the cost basis of those amounts. I understand that if this rollover is accepted, it will be directed to investments based on my contribution directives in place at the time the rollover is received by The Standard. If I do not have directives in place, the rollover will be placed into the plan's default investment option.

PARTICIPANT SIGNATURE:	DATE:
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AUTHORIZED SIGNER ACCEPTANCE (To be completed by your Plan Administrator)

As an authorized representative of the Dexter Community Schools 457 Plan, I certify I have investigated the rollover requested. I certify that the rollover information provided is true and correct and that I am an authorized representative of the retirement plan.

As The Standard is designated as the Manager of the Approval Process (MAP), you DO NOT need to sign this form. By signing this authorization request, you will be responsible for the oversight and authorization of this transaction.

NAME AND TITLE: *(printed)*

SIGNATURE:	DATE:
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INSTRUCTIONS FOR SUBMITTING FORM

Email form to: Rolloverforms@standard.com

or Fax form to: 971.321.7998

or Mail form to:

Standard Retirement Services, Inc., Unit 92

FBO: (Participant's Name)

PO Box 4500

Portland OR 97208-4500

Attention: Plan No.: 807077

Plan Name: Dexter Community Schools 457 Plan

Custodian Account No.: 0155817109

INSTRUCTIONS FOR MAILING CHECK

Instruct prior provider to mail check to:

Reliance Trust Company

1100 Abernathy Road NE

Building 500, Suite 400

Atlanta, GA, 30328-5634

Plan Name: Dexter Community Schools 457 Plan

Custodian Account No.: 0155817109

Note: The check must be made payable to the custodian as listed above. If the check is payable to you, please endorse as : Payable to (Custodian listed above).

Application for Rollover Form

Complete the application by following the steps below. If you have any questions, please call a customer service representative at 800.858.5420 for assistance.

- o **Contact your prior retirement plan provider to initiate your rollover distribution to The Standard**
- o Complete the **Participant Information** section on the form with your current information
- o Complete **Rollover Contribution Information** Section- see below
- o **Participant's Signature:** Sign and date the form
- o After completing the above sections on this form, have your current Plan Administrator fill out the **Authorized Signer Acceptance** section
- o Submit the completed Application for Rollover form by email, fax or mail. See the instructions on the front side of the form. **Please do not submit duplicate requests.**

ROLLOVER CONTRIBUTION INFORMATION

Please fill in the following information so The Standard can accept and process your rollover funds.

This information can be found by contacting your prior retirement plan service provider or by looking at your prior plan statements.

- Name of distributing plan or IRA custodian. Provide the name of the custodian that is currently holding your funds.
- Check the type of plan the rollover funds are coming from. The funds may be from a qualified retirement plan, a tax-sheltered annuity (403b) plan, a governmental (457) plan, or an IRA.

Please note: The plan administrator reserves the right to require reasonable evidence that your distribution is from a source allowed by the plan.

AUTHORIZED SIGNER ACCEPTANCE (To be completed by your Plan Administrator)

- Review your Plan Document to ensure the requested rollover can be accepted. More detailed instructions may be found in the Administration Guide available on our PlanNet® website.
- If the rollover request is acceptable, sign and date the form in the Authorized Signer Box.
- Please provide a copy of the completed form to the employee.
- Email, Fax, or mail a completed copy to The Standard. See front of form for information.

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.
- Certain types of distributions are not eligible for rollover, including: required minimum distributions (on or after age 70 ½), 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.
- The Application for Rollover will be returned to the employer/participant, if rollover assets are not received within 30 business days of receiving the rollover form.