



P.O. Box 669802, Dallas, TX 75266-0955

TRADITIONAL IRA Rollover Election

Please review all information below and complete as applicable. If you have any questions regarding the information on this form, please contact our IRA Specialists toll-free at 1-866-226-5638.

IRA Owner Information

Name	Social Security Number	Date of Birth
Address	Phone Number	
City/State/Zip	Account Number	



Source of Rollover Deposit

ROLLOVER FROM AN IRA — This deposit is a rollover of assets I received from an IRA consisting of:

- Regular IRA assets
- SEP-IRA assets
- SIMPLE IRA assets

LATE ROLLOVER - IRS Form, **Certification for Late Rollover Contribution Letter**, pursuant to Revenue Procedure 2016 - 47 must be included

ROLLOVER FROM A QRP OR ANOTHER ELIGIBLE RETIREMENT PLAN (NON-IRA) — This deposit is a rollover of assets I received from a QRP, such as a pension, profit-sharing, stock bonus, 401(k), or federal thrift savings plan, or from another eligible retirement plan (non-IRA).

Required Minimum Distributions

NOTE: Required minimum distributions may not be rolled over. If the amount being rolled over was distributed from the distributing plan in the previous year (outstanding rollover), the amount must be treated as if it were received in the year distributed and included in the receiving plan's previous December 31 balance for the purpose of calculating this year's required minimum distribution amount.

To help identify an outstanding rollover, please check the appropriate box:
 The assets being rolled over were distributed this year last year.

Transfer \$ _____ from my existing Synchrony Bank account # _____

Irrevocable Election

I acknowledge that I am making an irrevocable election to treat this deposit as a rollover contribution.

Signatures

I understand that the rollover contribution must occur within 60 days (unless an exception applies) after receipt of the distribution, and that I have the responsibility to determine what part, if any, of my distribution is eligible for rollover. I certify that, to the best of my knowledge, the information provided on this form is true and correct and may be relied upon by the Trustee/Custodian. Due to the important tax consequences of this transaction, I agree to seek the advice of a legal or tax professional, as needed. The Trustee/Custodian has not provided me with any legal or tax advice, and I assume full responsibility for this transaction. I will not hold the Trustee/Custodian liable for any adverse consequences that may result from this transaction.

X _____ **X** _____
 Signature of Owner Date Signature of Trustee/Custodian Date