Clear

WELLS FARGO

Enclosed is the rollover contribution form you requested. The rollover contribution form is to be used by participants who are requesting to roll money into their existing qualified retirement plan from another eligible plan. Possible qualified plans eligible for rollover include 401(k), profit sharing, money purchase and employee stock ownership plans. Additional eligible plans could include 403(b), 457 governmental plans and traditional IRAs. Acceptable rollover funds are based on your plan rules. You cannot rollover hardship distributions, required minimum distributions, periodic installments payable over 10 years or more or any money types not allowed by the receiving plan. You cannot use this form to rollover company stock or loans from your former employer's plan. **To ensure accurate and timely completion of your rollover contribution, please carefully read and follow all of the instructions below:**

1) Obtain a rollover check from your eligible plan.

   The check should be made payable to:

   Wells Fargo Bank, N.A.

   Trustee for: Broomfield Money Purchase Plan for General Employees
   (qualified plan name)

   For benefit of: _____
   (participant name)

2) Complete all sections of the attached rollover contribution form.

3) If the distribution from your prior plan was paid directly to you (i.e. the distribution check was made payable to you with taxes withheld and not to a rollover institution for your benefit), include a copy of the distribution statement that accompanied your check or include similar documentation from a financial institution showing the date, tax withholding and amount of the distribution. After tax contributions are not allowed for an indirect rollover. Your rollover must be invested within 60 days from when you received the check. Please submit a certified check, cashier's check or money order made payable to Wells Fargo. No personal checks are accepted.

4) **Mail the form, check, and supporting documentation (Ex. distribution check stub, account statement) to your Plan Administrator for Authorization.**

5) If wiring the rollover proceeds, please send the form and required documentation before the wire to ensure timely completion of your rollover contribution and wire funds to:

   ABA Routing Transit Number: **Wells Fargo Bank, N.A.**
   121000248

   Beneficiary Account Number: **0000840245** (Must be 10 digits in length)
   Beneficiary Account Name: **Trust Wire Clearing** (NOTE: Must be on line 2)

   OBI:

   Plan Code: 075801

   Plan Name: Broomfield Money Purchase Plan for General Employees

   Participant Name and last 4 digits of SSN
   AU = 0046327
   (Note: Please enter exactly as shown. The AU # is critical in expediting the wire.)

   Address, if needed for wiring funds (**DO NOT** send checks to the address below):

   Wells Fargo Bank, N.A.
   6th & Marquette
   Minneapolis, MN 55479

   The above address is for use only when wiring funds.

   Checks sent to this address WILL result in a delay in processing.

Your rollover contribution will be invested based on your current investment election. If an election has not been established, your rollover will be invested according to your plan's default investment. You may change the way your rollover is invested at anytime by contacting the Retirement Service Center.

If you have any questions regarding the rollover form or instructions, please call the Retirement Service Center at 1-800-SAVE-123 (7283) Monday – Friday from 7am – 11pm Eastern time. One of our representatives will be happy to assist you.

Wells Fargo Institutional Retirement and Trust
Incoming Rollover Contribution

Section I – General Information

Plan name: Broomfield Money Purchase Plan for General Employees

Participant name: _____ Social Security Number: _____

Participant address: _____ Birth date: _____

_____ Hire date: _____

_____ Phone: _____

Section II – Rollover Contribution

- I wish to roll over the following proceeds: $_____
- Please specify the funds as pre-tax, after-tax or Roth (check your plan rules for acceptable fund types):

Pre-tax funds: $ _____

After-tax funds: $ _____ (basis) $ _____ (earnings)
(Post 1986)

After-tax funds: $ _____ (basis) $ _____ (earnings)
(Pre 1987)

Roth funds: $ _____ (basis) $ _____ (earnings)

*Please provide the date of your initial Roth contribution: _____

Note: If the distribution was paid to you directly, only Roth earnings can be rolled over. Basis may not be rolled into another qualified plan and your Roth contribution date starts over.

Section III – Participant Authorization

I certify that (1) I have read and understand the form, (2) the information on this form is true and correct, (3) this rollover is permitted, and (4) the amount is comprised only of money from another eligible plan (accepted rollover types are based on plan rules) and has not been held outside a tax shelter investment for longer than 60 days. In addition, if the distribution check from my prior plan was made payable directly to me, I understand that this rollover must be received and deposited to my account within 60 days of receipt of the distribution.

_____ _____
Participant Signature Date

Section IV – Plan Administrator Verification

The plan administrator verifies the following:

- The participant has provided documentation to our satisfaction that the monies offered are acceptable for rollover to our qualified plan.
- The monies have not been held outside a tax-sheltered investment for longer than 60 days.

_____ _____
Plan Administrator Signature Date

To ensure accurate and timely completion of this rollover contribution, please carefully **read and follow the instructions detailed on the accompanying cover letter.** If you have any questions, please contact the Retirement Service Center at 1-800-SAVE-123(7283) Monday - Friday from 7 am – 11 pm Eastern time.

ATTACH ROLLOVER CHECK HERE

☐ If wiring funds please check this box