

## Rollover Contribution Form

(For Use When Rollover Is Requested By anyone Other Than Reliance)

<b>I.</b>	<b>IRA to IRA Rollover</b>
A.	Is the rollover being made within 60 calendar days of receipt? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please continue. <i>If no, rollover cannot occur.</i> Date of receipt ____/____/____
B.	Have 12 months passed since you last received a rollover distribution from the distributing IRA? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, the rollover cannot occur. If yes, the rollover can occur. Please read and complete Section III (if applicable) and Section IV below.
<b>II.</b>	<b>Qualified Retirement Plan or Tax Sheltered Annuity to IRA Rollover</b>
A.	Are you the (check one): <input type="checkbox"/> Plan participant? <input type="checkbox"/> Spouse beneficiary of a deceased participant?
B.	Type of Plan (check one): <input type="checkbox"/> A Pension Plan – IRC 401 (a) <input type="checkbox"/> A Profit Sharing Plan [IRC 401 (a), including 401 (k) plans] or Stock Bonus Plan (IRC 401 (a)) <input type="checkbox"/> A HR-10 or Keogh Plan – IRC 401 (a) <input type="checkbox"/> A tax sheltered annuity – IRC 403 (b)
C.	Deposit amount – only the taxable amount of the distribution(s) can be rolled over into an IRA (excludes non-deductible employee contributions). Have all non-deductible employee contributions been removed from your rollover deposit? <input type="checkbox"/> Yes <input type="checkbox"/> No
D.	Is the rollover deposit being made within 60 calendar days of receipt? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, the funds cannot be rolled over into an IRA. Date of receipt ____/____/____
E.	Commingling of funds – I have reviewed the applicable tax consequences with my tax or legal advisor and ask that you (check one): <input type="checkbox"/> Keep these funds in a separate account. <input type="checkbox"/> Permit them to be commingled with any regular IRA deposits I may make
<b>III.</b>	<b>70 1/2 Rollover Restriction</b>
Are you age 70 – ½ or older in this calendar year? <input type="checkbox"/> Yes <input type="checkbox"/> No <span style="float: right;"><i>If yes, answer the following:</i></span>	
<ul style="list-style-type: none"> <li>• Have you satisfied your required minimum distribution from the distributing plan: <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>• What is the date of birth of the oldest primary beneficiary of the distributing plan? _____</li> <li>• Is your beneficiary your spouse? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>• Have you elected to recalculate life expectancy? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ul>	
<b>IV.</b>	<b>Asset Description</b>
Rollover Check in the Amount of \$ _____	
<b>V.</b>	<b>Signature</b>
I certify that the information contained on this form is true and correct to the best of my knowledge and I understand that my election to treat the above funds/asset(s) as a rollover contribution is irrevocable. I understand that decisions regarding IRA rollovers have important tax consequences, and I have been advised to consult a tax professional. I assume full and sole responsibility for this rollover decision.	
Signed this _____ day of _____, 19_____	
<b>X</b> _____	_____
Planholder's Signature	<b>PRINT</b> Planholder's Signature