

If you have a retirement account with a former employer and/or IRA provider, you may be eligible to rollover your account into your current retirement plan. The Plan also accepts rollovers prior to the date an employee becomes eligible to make new contributions to the plan.

To start the rollover process, you will need to contact your former employer and/or IRA provider. Most employer-sponsored retirement plans will require you to complete their distribution paperwork. Once you receive that paperwork, you can request a direct rollover to The Orthodox Presbyterian Church 403(b) Plan.

The rollover check(s) should be made payable to Mid Atlantic Trust Company #425624#. If possible, include the plan name and your name (The Orthodox Presbyterian Church 403(b) Plan FBO Your Name) on the check memo line.

The check should be mailed to:

Regular Mail
Angie Whiteside
Wipfli LLP
P.O. Box 690
Eau Claire, WI 54702-0690

Overnight Delivery
Angie Whiteside
Wipfli LLP
4890 Owen Ayres Court, Suite 200
Eau Claire, WI 54701

The rollover certification information on page 2 of this form needs to be completed and returned to Administration Offices of the Orthodox Presbyterian Church.

If you have any questions, please call Angie Whiteside at 715.858.6664 or email awhiteside@wipfli.com.

Please note: Roth IRAs and after-tax accounts are not eligible to be rolled into this Plan.

If you do not complete the online enrollment process, your rollover will be deposited into the Plan's default investment.

1 EMPLOYEE ROLLOVER INFORMATION *(to be completed by Employee)*

First Name, Middle Initial, Last Name		Full Social Security Number	
Mailing Address of Participant (Street or P.O. Box)		Daytime Phone Number	
City, State, Zip			
Date of Birth	Date of Hire	Email Address	
Rollover Amount (Pre-Tax)	Rollover Amount (Roth) (includes earnings)	Roth Basis (excludes earnings)	First Year of Roth Contributions
Prior Plan (or IRA) Name		Sponsoring Employer/Custodian	
Total Amount Distributed		Date Distributed	

Type of Plan the Distribution Was Received From (check one)

- | | |
|---|--|
| <input type="checkbox"/> 401(k) or other pension plan | <input type="checkbox"/> Roth 401(k) as direct transfer only |
| <input type="checkbox"/> IRA* | <input type="checkbox"/> SIMPLE IRA* |
| <input type="checkbox"/> 403(b) | <input type="checkbox"/> ESOP |

* Roth IRAs and after-tax accounts cannot be rolled into the Plan. Distributions from SIMPLE IRAs cannot be rolled into the Plan if it has been less than two years since you made your first contribution to the SIMPLE IRA.

Distributions from eligible 457 government plans can be rolled into the Plan; however, a 10% early distribution tax may apply when the amount is later distributed from the Plan. Tax-exempt 457(b) accounts cannot be rolled over into the Plan.

2 SECTION FOR MINISTERS ELIGIBLE FOR HOUSING ALLOWANCE – REQUIRED FOR THOSE WISHING TO RETAIN HOUSING ALLOWANCE BENEFITS

If you are a minister eligible for retirement income housing allowance, please complete the following section regarding your Transfer or Rollover:

- I attest that the total amount of this transfer or rollover is attributable to service as a minister during which time I was eligible for the housing allowance provision.
- I attest that a partial transfer or rollover amount of \$_____ is attributable to service as a minister during which time I was eligible for the housing allowance provision.
- I attest that this transfer or rollover is NOT attributable to service as a minister during which time I was eligible for the housing allowance provision. I understand that any distributions received at retirement from this rollover or transfer and any earnings attributable to this source cannot be designated towards a housing allowance.

3 PARTICIPANT SIGNATURE

I hereby acknowledge that the employer has informed me of the options available under the Plan

X _____ /_____/_____
Participant Signature Date (mm/dd/yyyy)

Please return completed form to Sharon Jeromin, Administration Offices of the Orthodox Presbyterian Church, 607 Easton Rd., Bldg E, Willow Grove PA 19090-2539.

4 AUTHORIZATION BY PLAN TRUSTEE/AUTHORIZED SIGNER

In your capacity as Plan Trustee/Authorized Signer, you must decide whether to accept or reject an employee’s request to make a rollover contribution into the Plan. IRS regulations recommend that you require a statement from the administrator of the distributing plan (or from the custodian of the IRA to be rolled over) that the amount is eligible to be rolled into the Plan.

I hereby authorize you to proceed with the receipt of benefits under the above-named retirement Plan based on the information and certification contained herein. I understand that I retain full responsibility for the determination and acceptance of any funds to the Plan.

X _____
Plan Trustee/Authorized Signer Signature

_____/_____/_____
Date (mm/dd/yyyy)