



1. Plan Participant Information

Employer Name: The Orthodox Presbyterian Church

Plan Name: The Orthodox Presbyterian Church 403(b) Plan

Participant Name: _____ Social Security Number (Last 4 Digits): _____

Email: _____ Phone: _____

I am a current participant in the plan. This phone number can receive texts

I am not yet eligible to participate in the Plan but would like to make a rollover contribution (if eligible).

Note: Please complete an enrollment form to make your investment election and designate a beneficiary.

2. Rollover Account Information

Name of Custodian/Trustee your Rollover is coming from: _____

Plan Name Rollover is coming from: _____

Approximate amount of Rollover: \$ _____

Select the type of account you are rolling in (Select one below)

Please note: if rolling in from multiple Custodians please submit 1 form for each Custodian)

Traditional (Pre-tax) IRA SEP IRA

SIMPLE IRA (2-year holding period required from date of first contribution)

Eligible Employer Sponsored Plan

Pre-tax deferrals from a qualified employer sponsored plan (Profit Sharing, Defined Benefit, 401(k), 403(b), 457)

Roth deferrals from an employer sponsored plan (Profit Sharing, Defined Benefit, 401(k), 403(b), 457)

1. The first year of the participants five-taxable-year participation period is _____.¹

2. The participant's total Roth deferral contributions ("basis") are \$ _____.

3. Ministers Eligible for Housing Allowance

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.

4. Acknowledgement

I authorize this rollover contribution to be allocated within my account according to the investment elections in effect upon the receipt of these funds. Please note, investment allocations can be changed any time via the website at

www.yourbenefitaccount.net/cpretirement. For assistance, please contact a Creative Planning 403(b) Advisor at 866.427.4015.

Please Note: You will need to contact your current plan or account custodian to initiate your rollover. This form is used only to notify us your intent to rollover dollars into your new employer sponsored plan.

I certify that the above information is correct to the best of my knowledge. The distribution is not one of a series of periodic payments. The distribution was received by me not more than 60 days before the date of my rollover contribution or is a direct rollover which has never come under my control.

Participant Signature: _____ Date: _____

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

¹ Note that the five-taxable-year period begins on January 1st of the first calendar year in which the Participant made Roth 401(k) deferrals, even if the plan is a fiscal year plan. A Participant's Roth IRA contributions do not commence the non-exclusion period.



5. 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.

Signature of Trustee/Authorized Signer: _____ Date: _____



NOTE: All rollover requests need to be initiated by you, the participant.

Creative Planning TPA is unable to initiate the rollover process. Please contact your former employer’s plan administrator or account custodian for the proper forms and procedures for requesting a rollover distribution.

If you would like a Creative Planning team member to help you through this process, please contact us toll free at 1-866-427-4015 or via email at 403b@creativeplanning.com.

The timing of your rollover is dependent on your current plan provider. If you have any questions or concerns regarding the timing of your distribution, please contact your current plan provider.

Step 1

For timely and accurate processing of your rollover you must submit the Incoming Rollover Form to CPTPA via email, fax 913-498-0950, or regular mail **prior** to Matrix Trust Company receiving your incoming rollover check.

Step 2

Methods for transmitting rollover dollars.

Checks should be made payable to: Matrix Trust Company FBO The Orthodox Presbyterian Church 403(b) Plan
FAO: <Your Name>
Reference/Memo: A12843

United States Postal Service Mail: Matrix Trust (PHX)
PO Box 21196
New York, NY 10087-1196

Overnight Mail (FedEx, UPS, etc.) JP Morgan Chase – Lockbox Processing
Attn: Matrix Trust (PHX) – Lockbox 21196
4 Chase Metrotech Center
7th Floor East
Brooklyn, NY 11245

Wire Transfer: JPMorgan Chase Bank, N.A.
ABA# 021000021
Credit To: Matrix Trust Company
Account Number 530354845
Further Credit: A12843, The Orthodox Presbyterian Church 403(b) Plan

**Need help or have questions?
Contact Creative Planning
Toll Free 1-866-427-4015
Email: 403b@creativeplanning.com**