



# IRA ROLLOVER CERTIFICATION FORM

Contract Number (If available): \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Contract Owner: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

## ROLLOVER INFORMATION

### Type of Qualified Funds:

- Traditional IRA
- Roth IRA
- Simple IRA
- 403(b)
- 401(k)/ 401(a)
- Thrift Savings Plan
- Pension Plan
- TSA
- Other

### Qualified Plan Type of Rollover Contribution:

- Traditional IRA
- Roth IRA
- Simple IRA

Cash Amount: \$ \_\_\_\_\_  Pre-tax  After-tax

*\*Note: Please make checks payable to Sentinel Security Life Insurance Company*

## ROLLOVER REQUIREMENTS

- The funds deposited into the IRA or Qualified Plan must be deposited within 60 days of receipt;
- Rollover deposits cannot include any distributions which are a part of a series of substantially equal periodic payments;
- Rollover deposits may not include any distributions which represent a required minimum distribution;
- Rollover deposits must consist of the same assets originally distributed;
- In an IRA to IRA rollover, the assets cannot have been involved in a rollover in the past 12 months;
- Rollovers from Qualified Plans may consist of the proceeds from the sale of distributed property;
- Rollovers from Qualified Plans can consist only of tax deferred funds;
- A Traditional IRA inherited from someone other than a spouse is not eligible for rollover.
- Rollover deposits to a SIMPLE IRA can consist only of funds or securities distributed from a SIMPLE IRA

## PLEASE READ AND SIGN

*I certify that this deposit has met all of the above rollover eligibility requirements and assume full responsibility for any adverse tax consequences arising from this rollover. I further understand that rollover contributions have important tax implications and I have been advised to seek guidance from a tax professional.*

This form dated at \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_  
City / State

\_\_\_\_\_  
Signature of Owner