



P.O. Box 669802, Dallas, TX 75266-0955

ROTH IRA Rollover Election

Please review all information below and complete as applicable. If you have any questions regarding the information on this form, please contact our IRA Specialists toll-free at 1-866-226-5638.

IRA Owner Information

Name			Social Security Number			Date of Birth		
Address						Phone Number		
City/State/Zip				Account Number				



Source of Rollover Deposit

ROLLOVER FROM ROTH IRA - This deposit is a rollover of assets I received from a Roth IRA.

ROLLOVER FROM A TRADITIONAL, SEP, or SIMPLE IRA - This deposit is a CONVERSION of assets I received from a Traditional, SEP, or SIMPLE IRA.

ROLLOVER FROM A ROTH 401(k) or Roth 403 (b) - This deposit is a rollover of assets I received from a Roth 401 (k) or a Roth 403 (b).

LATE ROLLOVER - IRS Form, **Certification for Late Rollover Contribution Letter**, pursuant to Rev. Proc. 2016 - 47 must be included.

Transfer \$ _____ from my existing Synchrony Bank account # _____

Rollover Election

I acknowledge that I am making an irrevocable election to treat this deposit as a rollover contribution.

Signatures

I understand that the rollover contribution must occur within 60 days (unless an exception applies) after receipt of the distribution, and that I have the responsibility to determine what part, if any, of my distribution is eligible for rollover. I certify that, to the best of my knowledge, the information provided on this form is true and correct and may be relied upon by the Trustee/Custodian. Due to the important tax consequences of this transaction, I agree to seek the advice of a legal or tax professional, as needed. The Trustee/Custodian has not provided me with any legal or tax advice, and I assume full responsibility for this transaction. I will not hold the Trustee/Custodian liable for any adverse consequences that may result from this transaction.

X	_____	X	_____
Signature of Owner	Date	Signature of Trustee/Custodian	Date