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## Rollover Contribution Certification Form

Use this form to move assets to your TCG-administered 401(k), ERISA 403(b), or 457(b) retirement plan account from a previous employer or investment provider. Rollover contributions are not accepted into 457(b) FICA Alternative plan or 401(a) plan accounts. If you don't have a retirement account administered by TCG, you must enroll online at [www.tcgservices.com](http://www.tcgservices.com) before submitting this form. Please complete all of the requested information. An incomplete form may delay the processing of your request.

### Account Owner Information

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

Primary phone number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ SSN \_\_\_\_\_

Employer's Plan Name \_\_\_\_\_ Plan Type: (circle one): 401(k), 403(b) or 457(b)

### Previous Investment Provider (financial institution holding assets)

Company Name \_\_\_\_\_ Plan Name \_\_\_\_\_

Street Address \_\_\_\_\_

Account Number \_\_\_\_\_ Estimated Rollover Amount \$ \_\_\_\_\_

Type of account:  Roth IRA  Traditional IRA  Governmental 457(b) plan  403(b) plan

401(k) plan  Simple or SEP IRA  Money Purchase Pension Plan  Other \_\_\_\_\_

### Source of Assets and Estimated Value:

Pretax \$ \_\_\_\_\_  Roth \$ \_\_\_\_\_  After-tax (non-Roth) \$ \_\_\_\_\_

### Investment of Rollover Contribution

Your rollover contribution will be invested based on your current investments election for the Rollover Source in your account. If you have not selected an investment election specifically for the Rollover Source, your rollover will be invested in your plan's default investment, even if you have deferral elections. You may change the way your rollover is invested at any time via the [tcgservices.com](http://tcgservices.com) website or by calling our customer service department.

## Authorization and Signature

- I certify that the information that I have provided above is correct.
- I certify that the contribution described above is an eligible rollover contribution. I understand that if the contribution is later determined not to be an eligible rollover contribution, the contribution and any related earnings will be returned to me as a taxable distribution of income.
- I certify that this contribution is being rolled over within 60 days of receipt or is being rolled directly from my Employer's Plan or current custodian and meets the requirements for tax law provisions, as described above.
- I certify that the rollover does not include any required minimum distribution, hardship distribution, corrective distribution, or deemed distribution from my Employer's qualified retirement plan.
- I understand that this rollover contribution is irrevocable and involves important tax consequences. I also agree that neither TCG Administrators nor my Employer shall be responsible for any such tax consequences or any consequences resulting from this amount being ineligible for rollover.
- I have read this form and understand and agree to be legally bound by the terms of this form and by the terms and conditions of my Employer's Plan identified above.

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SIGNATURE OF PARTICIPANT

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DATE