

ROLLOVER DESIGNATION FORM



Section 1: Identify Account

TCA Account Number: _____

Account Owner's Name: _____

Section 2: Irrevocable Rollover Designation

By signing below I hereby irrevocably designate the deposit of \$_____ to my account as a rollover contribution and make the following attestations:

(Check applicable box.)

- This is a rollover from Traditional or SIMPLE IRA:
 - I received cash from the distributing IRA within the last 60 days.
 - This rollover does not contain a Required Minimum Distribution.
 - I have not rolled over any other distribution of cash or assets from any IRA within the last 12 months.
 - If a rollover from a SIMPLE IRA, more than two years has passed since the first contribution to my SIMPLE IRA.

- This is a rollover from an eligible employer-sponsored retirement plan:
 - I am the plan participant, spouse-beneficiary, Qualified Domestic Relations Order (QDRO) alternate payee, or non-spouse beneficiary of the plan participant.
 - This rollover is from an eligible employer-sponsored retirement plan.
 - This rollover contribution does not contain any ineligible rollover distributions.
 - If not a direct rollover, I received the cash within the last 60 days.

Section 3: Signature

I certify that all of the information provided by me is accurate and may be relied upon by Trust Company of America. I certify that I am eligible to make the rollover contribution indicated above.

Signature of IRA Account Owner

Date (mm/dd/yyyy)