

# Rollover Request Form

CAPITAL RETIREMENT PLAN SERVICES, INC.

Case Number: 952-80002

Sto-Rox School District 403(b) Plan

## Yes, I have a rollover.

Instructions for rolling money from your IRA or a Prior Employer's Qualified Plan:

### To rollover a distribution from your prior employer's qualified plan:

1. Request distribution paperwork from your prior employer.
2. When the paperwork is received, elect a direct rollover distribution into a qualified plan.
3. The check should be made payable to **Nationwide Trust Company, FBO (your name)**.
4. In the memo section of the check, reference case #952-80002.
5. Send the check to:  
Nationwide Trust Company, FSB  
P.O. Box 183046  
Columbus, Ohio 43218-3046
6. If you prefer, you may have the rollover wired directly to Nationwide using the following instructions:  
JP Morgan Chase, NA  
Columbus, Ohio 43215  
ABA#: 044000037  
Nationwide Trust Company, FSB  
Account #: 615843653  
OBI field 952-80002
7. Complete the bottom section of this form and return w/a copy of your most recent statement as directed.

### To rollover a distribution from your IRA:

1. Call the financial institution where your IRA is held and ask if they have their own paperwork for IRA rollover distributions. (the phone number will generally be on your most recent account statement).
  - a. If so, request a copy and complete it using the instructions above.
  - b. If not, get the address that a distribution request letter should be sent and go to step 2 of this section.
2. Fill in all areas in the sample letter on the back of this form including the date, the financial institution's address, your account number, name, address and phone number.
3. Sign the letter and send to the address provided to you. Keep a copy for your records.
4. Please complete the following section and **return with a copy of your most recent statement to:**

Sto-Rox School District  
600 Russellwood Avenue  
McKees Rocks, PA 15136

Participant's Name \_\_\_\_\_ SSN \_\_\_\_\_ Phone # \_\_\_\_\_

Assets being transferred from \_\_\_\_\_ Approximate dollar amount \_\_\_\_\_

In the event that the trustees consent to my request, I direct that the rollover contribution be invested into my account according to my investment mix on the date of deposit. I understand that the rollover contribution will become part of my account balance under the plan and may be withdrawn only in accordance with the terms of the plan.

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Plan Representative \_\_\_\_\_ Date \_\_\_\_\_

Date: \_\_\_\_\_

Address of Financial Institution where assets are held:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Re: Account# \_\_\_\_\_

FBO \_\_\_\_\_

To Whom It May Concern:

You are hereby instructed to completely liquidate the above referenced accounts as soon as possible and remit the proceeds as follows, with checks payable to Nationwide:

**Check instructions:**

Nationwide Trust Company, FSB  
P.O. Box 183046  
Columbus, Ohio 43218-3046

Include case #952-80002, FBO (participant name)

**Wire instructions:**

JP Morgan Chase, NA  
Columbus, Ohio 43215  
ABA#: 044000037  
Nationwide Trust Company, FSB  
Account #: 615843653  
OBI field 952-80002

Mail check to the address above. Please include the source and cost basis information so the rollover/transfer of funds may be allocated correctly.

These funds are being transferred into a qualified plan for my benefit. Since this a Qualified Rollover Distribution there should be no taxes withheld. Copies of the final account statement should be mailed to me as soon as possible.

If you have questions, please contact me directly. Thank you for your past service and your timely attention to this matter.

Sincerely,

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Participant Address

\_\_\_\_\_  
Participant Phone Number

\_\_\_\_\_  
Participant City/State/Zip