

Participant Information – All Information is Required

Participant Name _____ Email Address _____

Company Name _____ Phone Number _____

Date of Birth ____/____/____ Date of Hire ____/____/____ SSN: XXX-XX-_____

Important: Does your rollover contain Roth Contributions? Yes No

If **no**, skip to Investment Selection Information, then review and sign the remainder of the form.

If **yes**, complete *all* information below. *Your Roth rollover cannot be processed without this information.*

Establishment Date (date of first Roth deferral) ____/____/____

Contribution Amount \$_____ plus Earnings Amount \$_____ equals Total Check Amount \$_____

Note: Only plans that permit employees to make Roth 401(k) salary deferrals may accept Roth 401(k) rollovers. Refer to the General Information Sheet/Summary Plan Description or contact your plan administrator to determine if your plan accepts Roth 401(k) rollovers.

Investment Selection Information

- If you have made investment selections in your company's 401(k) retirement plan with Paychex, your rollover funds will be invested according to your current fund allocations.
- If you have **not** made investment selections and are currently eligible to participate in your company's plan, select funds by accessing the Paychex 401(k) participant web site at <https://benefits.paychex.com>, or by calling Paychex Retirement Services at 1-877-244-1771.
- If you have not made investment selections prior to your rollover being processed, your funds will be invested in the Participant Default Fund within your company's plan.

Important Information Regarding your Rollover

- Receipt of this form by Paychex does not initiate the rollover of prior plan assets. You must contact your prior plan administrator to initiate the transfer of assets to Paychex.
- If you are not yet eligible to participate in your company's plan, you may roll funds into the plan. However, a loan from the rollover balance is not available until you are eligible to participate in the plan.
- Funds rolled into the plan become subject to the terms of the plan sponsored by your employer.
- Your rollover check must be payable to "Paychex FBO Participant Name/Social Security Number."

Authorization

I hereby certify that this rollover represents a distribution from a qualified retirement plan, and that I understand the terms of the plan as they apply to my rollover account. The authorization set forth in this form shall become effective at the earliest time permitted by the terms of the plan. I acknowledge that I have received and reviewed the Fee Disclosure Statement for Participants.

Participant Signature _____ Date ____/____/____

✉ Email this form to
clientsupport@paychex.com

📧 Paychex Retirement Services
P.O. Box 26787
New York, NY 10087-6787

📄 Attn: Client Support 585-389-7878
☎ Paychex Participant Service Center
877-244-1771