



P. O. Box 2069  
Woburn, MA 01801

## Savings Banks Employees Retirement Association 401(k) PLAN ROLLOVER CERTIFICATION

Complete this form to submit rollover contributions. The participant completes section 1, 2, and signs section 3. The Authorized Plan Representative reviews the form, signs Section 3 and mails the original, signed form (along with a check from the rollover institution) to the address shown above. Checks should be made payable to SBERA FBO Participant. The rollover contribution will be invested according to the investment election established by the participant on file. *Please note: If you have not satisfied the Plan's eligibility requirements and your plan allows Rollover Contributions by employees who have not satisfied the Plans eligibility requirements please fill out the Plan Rollover Enrollment Application Form for Non-Eligible participants on page 3.*

Section 1 Employee/ Employer information	1. Employer Name:	2. SBERA Employer No.
	3. Employee Name:	4. SBERA Certificate No.
	5. Employee SSN:	6. Employee Signature:
Rollover Requirements	<p>The rollover may only be accepted if: The Rollover must be permitted by the terms of the Employer's Plan *AND the Employee certifies, by signing below, that the rollover meets the following IRS requirements:</p> <ol style="list-style-type: none"> <li>1. The Rollover is being made within 60 days of the receipt of the distribution from the prior plan.</li> <li>2. The Rollover amount is from my prior plan or from the prior plan of my deceased Spouse.</li> <li>3. The amount being rolled over does not include:               <ol style="list-style-type: none"> <li>a. Required Minimum Distribution amounts</li> <li>b. Hardship distributions</li> <li>c. Amounts that were part of a series of substantially equal payments</li> <li>d. Roth IRA assets</li> <li>e. SIMPLE IRA assets from a participant who has not been in the SIMPLE IRA for two years</li> <li>f. After tax contributions made to an IRA</li> <li>g. After tax to an IRA which were rolled in from a qualified Plan. After tax from a qualified plan may only be moved to another qualified plan by a trustee to trustee transfer or a direct rollover.</li> </ol> </li> </ol> <p>* If the Plan does not accept the type of rollover that the Employee desires to make, the rollover will not be accepted by the Employer's Plan.</p>	
Section 2	DESIGNATE THE ROLLOVER CONTRIBUTION SOURCE(S) BELOW:	
Rollover from an IRA to a Qualified Plan.	<p>The IRA assets being rolled into the Qualified Plan consist of:</p> <p><input type="checkbox"/> Pre-Tax from a traditional IRA \$ _____</p> <p><input type="checkbox"/> Conduit IRA consisting only of prior qualified plan assets \$ _____ (Need not be segregated as IRA source funds.)</p> <p><input type="checkbox"/> SEP/SARSEP IRA \$ _____</p> <p><input type="checkbox"/> SIMPLE IRA: Rollovers from SIMPLE IRAs are prohibited until after the Participant has been in plan for 2 years \$ _____</p>	
Qualified Plan to Qualified Plan	<p>Rollover from Qualified Plan, such as a 401(k) plan, profit-sharing plan, pension plan, ESOP or cash balance plan, to a Qualified Plan</p> <p><input type="checkbox"/> Only Pre-Tax amounts can be rolled over by the Participant. \$ _____ After-tax qualified plan amounts may only be moved to another Qualified Plan by a Direct Rollover or Direct Transfer</p> <p>Note: If 20% was withheld, the client may rollover the amount withheld.</p> <p><input type="checkbox"/> Roth Deferral Direct Rollover or Direct Transfer ONLY \$ _____ 1<sup>st</sup> Roth Contribution year: 20____</p> <p>(NOTE: This option is only available if the "to" Plan allows Roth Deferral Rollovers)</p>	

403(b) Plan to Qualified Plan	Rollover from 403(b) to Qualified Plan <input type="checkbox"/> Rollover from 403(b) to Qualified Plan \$ _____
Governmental 457 Plan to Qualified Plan	Rollover from Governmental 457 to Qualified Plan <input type="checkbox"/> Rollover from Governmental 457 to Qualified Plan \$ _____
Ineligible Rollover	I understand that, in the event that a determination is made subsequent to the rollover of this distribution that any or all of the rollover was not eligible for rollover, any excess amount will be removed from the plan as soon as administratively practical. I agree to notify the Trustee upon receipt of information about such determinations.
Section 3 Certification And Signature	I request the Plan accept the above indicated rollover contributions and certify under penalties of perjury that all statements above are true.  Participant's Signature: _____ Date : _____  Plan Representative's Signature _____ Date: _____

**Savings Banks Employees Retirement Association**  
**401(k) PLAN ENROLLEMNT APPLICATION FOR NON-ELIGIBLE PARTICIPANTS**

The Employee named below has not met eligibility requirements for membership in the Savings Banks Employees Retirement Association 401(k) Plan sponsored by the employer indicated below, but has requested to rollover money from a prior qualified plan.

Section 1 Employer Information	SBERA Employer Member Name: _____ SBERA Employer Member Plan No. _____ Employee Name: _____ SBERA Certificate No. _____ Is the rollover coming from a SBERA Employer?(circle) Yes or No If yes please complete the following and submit a withdrawal form from previous SBERA Employer: Name of SBERA Employer _____ Dates of Employment: From _____ To _____
Section 2 Employee Information	Date of Birth _____ - _____ - _____ Date of Hire _____ - _____ - _____ Sex: (circle) F or M Social Security Number _____ - _____ - _____ Address: Street _____ City _____ State _____ Zip _____ Marital Status: (circle) S or M Spouse's Name _____ Spouse's date of birth _____ - _____ - _____ Spouse's Social Security Number _____ - _____ - _____ Beneficiary Name _____
<b>Indicate how you would like to invest THE ROLLOVER CONTRIBUTION BELOW:</b>	
Section 3 Investment Option	<i>I direct that my rollover contribution be allocated as follows:</i> <b>Conservative:</b> _____ % Money Market Fund _____ % Bond Account _____ % All Asset Account _____ % SBERA Account _____ % Equity Account <b>Aggressive:</b> _____ % Employer Stock if applicable _____ % Index 500 _____ % International Equity _____ % Large Cap Growth _____ % Large Cap Value _____ % Small Cap Growth _____ % Small Cap Value <b>Asset Allocation:</b> _____ % Life Path Retirement _____ % Life Path 2020 _____ % Life Path 2025 _____ % Life Path 2030 _____ % Life Path 2035 _____ % Life Path 2040 _____ % Life Path 2045 _____ % Life Path 2050 _____ % Life Path 2055 Must indicate whole percentages and total 100%
Section 4 Signature	Participant's Signature: _____ Date : _____