

Incoming Rollover

Personal Investment Plan (PIP), Compass Retirement Plan (Compass), Horizon 401(k) Plan

Part 1 – Participant Information

Name _____ Social Security # (last 5 digits) _____

Mailing address _____ Primary phone # (_____) _____

_____ Email _____

Country of citizenship _____

Part 2 – Rollover Request

Prior to submitting this form to Wespath, you should contact the financial institution or your former employer (if applicable) to determine whether any additional forms are required or if any fees will be assessed on your distribution.

If you have already received the rollover check made payable to Wespath, please call 1-800-851-2201 for further direction.

1. Select prior plan/account type (refer to your account statement or ask your financial institution):

401(a) plan

401(k) plan

403(b) plan

Traditional IRA

Unknown

Other _____

Please Note: Roth IRAs, after-tax contributions in IRAs, Code section 457(f) and Code section 457(b) top-hat plan assets cannot be rolled over to Wespath-administered plans. Accounts inherited from a person other than a spouse are not eligible to be rolled into Wespath-administered plans.

2. Does your financial institution require their paperwork to be completed?

Yes—include completed paperwork with *Incoming Rollover* form

No

3. Select rollover amount:

Full rollover of entire cash value of prior account balance (liquidate all funds)

Partial rollover in the cash value amount of \$ _____

4. Prior account information (rollover request will be mailed to the address below):

Name of financial institution/plan administrator _____

Name of prior plan (if applicable) _____

Mailing address _____ Account # _____

_____ Approximate account value \$ _____

Phone # (_____) _____

Part 3 – Participant Signature

I want to roll over an eligible rollover distribution from my prior account to my retirement plan account, administered by Wespath. I authorize the partial or complete liquidation of my prior account as necessary to process the rollover I have requested in Part 2.

Participant signature _____ Date _____

Signature Guarantee (if required)

Please check if the financial institution requires a signature guarantee in order to process your rollover request. If required, have a financial institution—such as a commercial bank, savings bank, credit union or broker dealer—that participates in a Medallion signature guarantee program complete the box below.

Signature(s) Guaranteed: Medallion Guarantee Stamp

The signature(s) should be guaranteed by an eligible guarantor institution (banks, stockbrokers, savings and loan associations and credit unions) with membership in an Approved Signature Guarantee Medallion Program, pursuant to S.E.C. Rule 17Ad-15

If a Medallion Stamp is required, then this form must be MAILED and cannot be emailed or faxed.

Please send this completed form, a copy of your most recent prior account statement, and any completed forms required by your former employer or financial institution to Wespath by one of the following methods (unless a Medallion Stamp is required, then this form must be mailed):

- **Email scanned copy to:** retservices@wespath.org
- **Fax to:** 1-847-866-4635
- **Mail to:** Wespath
Attention: Retirement Services
1901 Chestnut Avenue
Glenview, IL 60025-1604

Be sure to keep a copy for your records. Wespath will forward your request to the financial institution along with any completed forms and a letter of acceptance.

This form includes and/or is requesting personally identifiable information (PII) and/or protected health information (PHI). You are encouraged to make elections and beneficiary designations online at benefitsaccess.org. When possible, managing your benefits online is the recommended approach to keep your PII and PHI safe and secure.