### **NEXT GENERATION TRUST COMPANY**

401 E. 8TH STREET, SUITE 200H SIOUX FALLS, SOUTH DAKOTA 57103 TOLL FREE: 888-857-8058

# PARTICIPANT SELF-CERTIFICATION FOR LATE ROLLOVER CONTRIBUTION



**NEXT GENERATION SERVICES, LLC,** 75 LIVINGSTON AVE. STE. 304, ROSELAND, NJ 07068 | P: (973) 533-1880 \* F: (973) 533-1088

PARTICIPANT INFORMATION:			
Date of Certification:			
Participants Name:			
Address:	City:	State:	Zip
Phone:	Sc	ocial Security Number:	
PREVIOUS FINANCIAL INSTITUTION II	NFORMATION:		
Name of Financial Institution:			
Address:			Zip
Phone:			
Dear Sir or Madam:			
Pursuant to Internal Revenue Service Revenue 60-day rollover deadline for the reason(s) listed the reason or reasons listed below no longer prequirement for a rollover and that, to comple procedures.	d below under Reasons for Late Contrib prevent me from making the contribution	ution. I am making this contributior on. I understand that this certificatio	n as soon as practicable after on concerns only the 60-day
Pursuant to Revenue Procedure 2016-47, unlessatisfied the conditions for a waiver of the 60-determining whether the contribution satisfie	day rollover requirement for the amoun	t identified above. You may not rely	
REASONS FOR LATE CONTRIBUTION			
I intended to make the rollover within 60 days	after receiving the distribution, but was	s unable to do so for the following r	eason(s) (check all that apply):
$\ \square$ An error was committed by the financial ir	nstitution making the distribution or rec	eiving the contribution.	
$\square$ The distribution was in the form of a check	k and the check was misplaced and nev	er cashed.	
$\square$ The distribution was deposited into and re	emained in an account that I mistakenly	thought was a retirement plan or IF	RA.
☐ My principal residence was severely dama	ged.		
☐ One of my family members died.			
☐ I or one of my family members was serious	sly ill.		
☐ I was incarcerated.			
$\square$ Restrictions were imposed by a foreign co	untry.		
☐ A postal error occurred.			
$\ \square$ The distribution was made on account of a	an IRS levy and the proceeds of the levy	have been returned to me.	
☐ The party making the distribution delayed reasonable efforts to obtain the informatic		g plan or IRA required to complete	the rollover despite my
ROLLOVER INFORMATION			
Below is the information regarding the origina into which the rollover is being made. It is the transaction.		= :	
DISBURSING PLAN			
☐ Traditional IRA ☐ Roth IRA ☐ S	SEP IRA	• •	
RECEIVING PLAN			
☐ Traditional IRA ☐ Roth IRA ☐ 9	SEP IRA 🔲 SIMPLE IRA		

### **NEXT GENERATION TRUST COMPANY**

401 E. 8TH STREET, SUITE 200H SIOUX FALLS, SOUTH DAKOTA 57103 TOLL FREE: 888-857-8058

## PARTICIPANT SELF-CERTIFICATION FOR LATE ROLLOVER CONTRIBUTION



NEXT GENERATION SERVICES, LLC, 75 LIVINGSTON AVE. STE. 304, ROSELAND, NJ 07068 | P: (973) 533-1880 \* F: (973) 533-1088

## **ACKNOWLEDGMENTS AND CERTIFICATIONS**

By signing below I acknowledge the following:

- In the event I am audited and the IRS does not grant a waiver for this contribution, I may be subject to income and excise taxes, interest, and penalties.
- If the contribution is made to an IRA, I understand you will be required to report the contribution to the IRS on a Form 5498.
- This rollover contribution is being made to the receiving plan indicated above as soon as practicable after the Reason for Late Contribution indicated no longer prevents me from completing the rollover. I understand that this requirement is deemed satisfied if the rollover is completed within 30 days after the Reason for Late Contribution indicated no longer prevents me from completing the rollover.
- I understand that the IRA trustee/custodian or the Plan's Administrator may require additional information to accept this rollover and that this self-certification is meant only to certify that the Reason for Late Contribution indicated applies to the late deposit of the rollover.
- I understand that if the IRA trustee/custodian or the Plan's Administrator has actual knowledge to the contrary of this self-certification, such trustee or administrator may reject the rollover deposit.

### **SIGNATURE**

I declare that the representations made in this document are true and that the IRS has not previously denied a requ	uest for a waiver of the 60-day			
rollover requirement with respect to a rollover of all or part of the distribution to which this contribution relates. I a	lso understand that I should retain			
a copy of this signed certification with my tax records, along with any other supporting documentation.				
Cianatura of Participant	Data			
Signature of Participant:	_ Date:			