

ROLLOVER FORM



NEXT GENERATION SERVICES, LLC, 75 LIVINGSTON AVE. STE. 110, ROSELAND, NJ 07068 | P: (973) 533-1880 * F: (973) 533-1088

This form is required to document the rollover of your asset to Next Generation Trust Company. You must contact your former/resigning Custodian/Administrator to roll over your plan. Next Generation Trust Company will not initiate this rollover. Return this form to Next Generation Services.

PERSONAL INFORMATION:

Account Holder Name _____ Next Generation Account # _____

Legal Address (required) _____

City, State, Zip _____

Telephone Number _____ Social Security Number (Required)

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YOUR FUNDS ARE CURRENTLY/FORMERLY HELD AT:

Name of Custodian/Trustee _____ Account Number _____

Contact Name _____ Telephone Number _____

Address _____

City, State, Zip _____

INDICATE THE TYPE OF PLAN YOU ARE ROLLING OVER FROM:

- Traditional IRA Roth IRA SEP IRA SIMPLE IRA
 ESA HSA Beneficiary IRA Other Qualified Plan _____

VERIFY THAT YOU ARE ELIGIBLE TO PERFORM THIS TRANSACTION: *Please select ONLY one.*

I am an eligible person to perform this transaction (select one):

- Plan Participant Spouse Beneficiary Non-spouse Beneficiary Responsible Individual (for Coverdell ESAs) Ex-spouse

Either Part 1 or 2 must be selected and not both

PART I. ROLLOVER FROM ANOTHER IRA (OR ANOTHER SIMPLE IRA)

I certify that the following statements are true and correct.

- This rollover contribution is being made within 60 days after my receipt of funds from another IRA, in which I was either the participant or surviving spouse beneficiary, or in the case of a distribution from an IRA due to a first time homebuyer which is being rolled into this IRA because of a delay in the acquisition of the first time home, this rollover contribution is being made within 120 days after my receipt of funds from the distributing IRA.
- During the 12-month period prior to my receipt of the distribution being rolled over, I have not received a rollover distribution from any IRA which was subsequently rolled over to another IRA. (This rule does not apply to a delay in the acquisition of a residence for a first time homebuyer as discussed above).
- I am not rolling over any required minimum distributions with respect to the distributing IRA plan.
- If this rollover contribution represents a distribution from a SIMPLE IRA and I have not participated in my Employer's SIMPLE Plan for 2 years, this rollover contribution is being made into another SIMPLE IRA. Date Employee First Participated in original SIMPLE IRA: _____

PART II. ROLLOVER/DIRECT ROLLOVER FROM AN EMPLOYER PLAN

I certify that the following statements are true and correct.

- The undersigned certifies that my employer's qualified plan, qualified annuity, 403(b) plan, governmental 457(b) plan, or the Federal Employee's Thrift Savings Plan has made or will make an Eligible Rollover Distribution which is either being paid in a Direct Rollover to the Custodian or Trustee of my IRA, or, if I am the participant or the surviving spouse, paid directly to me which I am rolling over no later than the 60th day after receiving the Eligible Rollover Distribution.
- This Rollover/Direct Rollover is not part of a series of payments over my life expectancy(ies) or over a period of 10 years or more.
- This Rollover/Direct Rollover does not include any required minimum distributions with respect to the employer's plan.
- This Rollover/Direct Rollover does not include a hardship distribution, an unforeseeable emergency distribution, a corrective distribution, or a deemed distribution of a defaulted loan from any employer's plan.
- I certify that I am eligible to establish an IRA with this Rollover/Direct Rollover of an Eligible Rollover Distribution, and that I am one of the following: the plan participant; the surviving spouse of the deceased plan participant; the spouse or former spouse of the plan participant under a Qualified Domestic Relations Order, or a non-spouse beneficiary (in which case I understand I may only make a direct rollover to an inherited IRA).
- I certify that this Rollover/Direct Rollover does not contain a Designated Roth Contribution Account.

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PART III. ADDITIONAL INFORMATION FOR ROLLOVERS BEGINNING AT AGE 73

I received the distribution from the other plan on _____. This distribution is is not an outstanding rollover as of the prior December 31st.
 I certify that I have already satisfied my required minimum for the IRA being rolled over from another IRA.

ROLLOVER INSTRUCTIONS TO RESIGNING CUSTODIAN:

To roll over CASH, please follow the instructions below. Contact our office for wire instructions.

CASH: Please make check payable to: Next Generation TC FBO (my name) IRA

CASH: \$ _____

Asset Description	Amount (\$)

To roll over INVESTMENTS (Private Stock, Real Estate, LLCs, Notes, etc.), please attach a current statement of assets, further documentation will be required.

SIGNATURE: Please return this form to Next Generation Services by fax, secure email, or mail.

I agree to the terms and conditions set forth in this Rollover Certification form. I acknowledge having established an account through the execution of the _____ (type of account) plan documents. I understand that this Indirect or Direct Rollover is irrevocable and I have consulted my tax advisor regarding tax considerations that may apply. I assume full responsibility for this Indirect or Direct Rollover and will not hold the Custodian/Administrator or Issuer of either the receiving or distributing party liable for the consequences of the above rollover. I understand that employees/representatives of Custodian/Administrator do not have authority to agree to anything other than what is contained in this Rollover Certification Form. I irrevocably designate this contribution of assets with a value of \$ _____ (total value of rollover) as a rollover. The undersigned authorizes the Custodian/Administrator to commingle regular IRA contributions with Rollover/Direct Rollover contributions pursuant to PART II above. I understand that commingling regular IRA contributions with Rollover/Direct Rollover contributions from employer plans may preclude me from rolling over funds in my rollover "conduit" IRA into another employer's plan. With such knowledge, I authorize and direct the Custodian/Administrator to place regular IRA contributions in my rollover "conduit" IRA or vice versa.

The undersigned hereby irrevocably elects, pursuant to IRS Regulation 1.402(a)(5)-IT to treat this contribution as a rollover contribution. I understand that this will not be a valid IRA rollover unless PART I or PART II (and, if applicable, PART III) are correct statements. I acknowledge that, due to the complexities involved in the tax treatment of eligible rollover distributions from qualified plans, qualified annuities, 403(b) plans, governmental 457(b) plans, or the Federal Employee's Thrift Savings Plan and rollovers/direct rollovers to IRAs, the Custodian/Administrator has recommended that I consult with my tax advisor or the Internal Revenue Service before completing this transaction to make certain that this transaction qualifies as a rollover and is appropriate in my individual circumstances. I understand rollover contributions are reported to the IRS. I hereby release the Custodian/Administrator from any claim for damages on account of the failure of this transaction to qualify as a valid rollover.

Signature of Distributee: _____ Date: _____