AUTORollovers
a B P A S   s e r v i c e

AutoRollovers IRA Form

For Employer-directed Rollovers from Qualified Plans Only

By submitting this form and subsequent rollover, I hereby attest to the following;

1. The Qualified Retirement Plan indicated below hereby establishes an AutoRollover IRA account on behalf of the individual Participant listed.

2. This account is being established as a result of an employer-directed rollover after termination of employment of an individual who has failed to make an affirmative election receive their distribution or, on behalf of a lost Participant upon Plan termination.

3. Notification of the consequences for failure to make an election was furnished to the last known address of the Participant at least 30 days, and no more than 180 days, prior to establishing this account.

1 | Account Owner

Owner *(First Name)*   *(M.I.)*   *(Last Name)*

Address

City

State   **Zip**

Social Security No.   **Date of Birth**

Rollover Amount(s):

Traditional   **Roth**

$. $.

* Phone No. *(optional)*

(   )

* E-mail *(optional)*

2 | Beneficiary Information

By law, the beneficiary of the account will be the estate of the account owner, by default; until such time that the account owner designates a beneficiary.

3 | Plan Sponsor Information

Name of Employer

Address

City

State   **Zip**

Contact Person

Phone No.

(   )

E-mail

4 | Funds

This IRA will be established on behalf of the terminated Participant. All rollover dollars will be invested in an investment vehicle designed to preserve principal within a custodial account with Hand Benefits & Trust Company, a regulated financial institution.

Please make check payable to appropriate type of IRA as indicated below:(be sure to include this form when mailing check):

HB&T Co. FBO *IRA Account Holder Trad/ROTH IRA*
ATTENTION: TRUST DEPT.
6 Rhoads Drive, Suite 7
Utica, NY 13502-6374

Memo: ***SSN of IRA Account Holder***

5 | Authorization

Name: _____

Title: _____

Signature:_____

Date: _____

#800014