



Account Number _____

Rep ID _____ Alternate Branch _____

ROLLOVER CERTIFICATION

SECTION ONE: CLIENT INFORMATION

Name and Address

Total Rollover Amount \$	Cash \$	Securities \$	Date of Deposit
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By completing this form, I hereby irrevocably elect to treat this contribution as a rollover contribution and certify that the rollover amount is an eligible rollover distribution under applicable rules of the Internal Revenue Code.

SECTION TWO: TYPE OF PLAN

Rollover From:

- Traditional IRA
- SIMPLE IRA
- Roth IRA
- SEP IRA
- 403(b) Plan
- 401(k) Plan
- Money Purchase
- Profit Sharing
- Other _____

Rollover To:

- Traditional IRA
- SIMPLE IRA
- Roth IRA
- SEP IRA
- Decedent Traditional IRA
- Decedent Roth IRA
- Money Purchase
- Profit Sharing
- 403(b) Plan
- Other _____

SECTION THREE: TYPE OF ROLLOVER

- Direct Rollover
 - I am rolling over this distribution directly to my IRA or Roth IRA from my qualified employer plan as indicated above.
- 60 Day Qualified Plan Rollover
 - This deposit is being made within 60 days of my receipt of funds from a qualified plan as indicated above.
 - This rollover **does not** include any amounts required to be distributed in any applicable distribution calendar year.
- 60 Day IRA rollover
 - This deposit is being made within 60 days of my receipt of funds from an IRA.
 - During the twelve month period prior to my receipt of this distribution for this IRA, I have not received a distribution from the same IRA which was subsequently rolled over to another IRA.
 - This rollover does not include any amounts required to be distributed in any applicable distribution calendar year.

SECTION FOUR: CERTIFICATION AND SIGNATURE

- I understand this will not be a valid rollover unless ALL statements in Sections One, Two and Three above are correct.
- I acknowledge that due to the complexities involved in the tax treatment of distributions and rollovers between retirement accounts, RBC Capital Markets, LLC (the "Custodian") has recommended I consult with my tax advisor before completing this transaction to make sure that this transaction qualifies as an eligible rollover and that a rollover is appropriate in my individual circumstances. I release the Custodian from any claim for damages on account of failure of this transaction to qualify as a valid rollover. I understand the Internal Revenue Service will not allow me to revoke this rollover election, and I hereby irrevocably elect to treat the contribution as a rollover.

Client Signature	Date	Print Name
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