

# ROLLOVER DESIGNATION FORM



## Section 1: Identify Account

TCA Account Number: \_\_\_\_\_

Account Owner's Name: \_\_\_\_\_

## Section 2: Irrevocable Rollover Designation

By signing below I hereby irrevocably designate the deposit of \$\_\_\_\_\_ to my account as a rollover contribution and make the following attestations:

*(Check applicable box.)*

- This is a rollover from Traditional or SIMPLE IRA:
  - I received cash from the distributing IRA within the last 60 days.
  - This rollover does not contain a Required Minimum Distribution.
  - I have not rolled over any other distribution of cash or assets from any IRA within the last 12 months.
  - If a rollover from a SIMPLE IRA, more than two years has passed since the first contribution to my SIMPLE IRA.
  
- This is a rollover from an eligible employer-sponsored retirement plan:
  - I am the plan participant, spouse-beneficiary, Qualified Domestic Relations Order (QDRO) alternate payee, or non-spouse beneficiary of the plan participant.
  - This rollover is from an eligible employer-sponsored retirement plan.
  - This rollover contribution does not contain any ineligible rollover distributions.
  - If not a direct rollover, I received the cash within the last 60 days.

## Section 3: Signature

I certify that all of the information provided by me is accurate and may be relied upon by Trust Company of America. I certify that I am eligible to make the rollover contribution indicated above.

\_\_\_\_\_  
Signature of IRA Account Owner

\_\_\_\_\_  
Date (mm/dd/yyyy)

