



## Incoming Rollover

### United Methodist Personal Investment Plan (UMPIP)

This form certifies the source of a rollover made to UMPIP, which is administered by the General Board of Pension and Health Benefits (General Board).

**Part 1 – Participant Information.** To be completed by the participant.

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
Mailing address \_\_\_\_\_ Primary phone # (\_\_\_\_) \_\_\_\_\_  
\_\_\_\_\_  
E-mail \_\_\_\_\_  
Country of citizenship \_\_\_\_\_

**Part 2 – Rollover Request.** To be completed by the participant.

**Note:** Prior to submitting this form to the General Board, you should contact the financial institution or your former employer (if applicable) to determine whether any fees will be assessed for termination of the investment contract with them. Also, you should inquire whether you will need to complete their paperwork in addition to the General Board’s rollover form, or if there are other special requirements, such as a Medallion stamp or notarization. If their forms are required, please complete and send them, along with this rollover form and other relevant paperwork, to the General Board.

1. Select the rollover type:

- Direct rollover from the prior plan (eligible retirement plan or Individual Retirement Account (IRA) from which monies are being rolled over). Enclose a copy of your last plan account statement for account verification.
- Not a direct rollover, but funds are being rolled over within 60 days of receipt from the prior plan. Enclose a copy of your distribution statement from the prior plan showing the gross amount of the distribution and any federal and state income tax withheld. Please call the General Board at 1-800-851-2201 for further instructions.

2. Select rollover amount (amount must be \$200 or more):

- Full rollover of entire cash value of prior plan balance (liquidate all funds).
- Partial rollover in the cash value amount of \$ \_\_\_\_\_.

3. Prior plan or IRA information:

Name of plan administrator or trustee \_\_\_\_\_  
Name of prior plan (if applicable) \_\_\_\_\_  
Mailing address \_\_\_\_\_ Prior plan account # \_\_\_\_\_  
\_\_\_\_\_  
Approximate account value \$ \_\_\_\_\_  
Phone # (\_\_\_\_) \_\_\_\_\_

**continued**

### Part 3 – Participant Signature

I want to roll over an eligible rollover distribution from my prior plan or IRA to UMPIP, a retirement income account described in Internal Revenue Code (Code) section 403(b)(9), which is administered by the General Board. I authorize the partial or complete liquidation of my prior plan account as necessary to process the rollover I have requested in Part 2.

Participant signature \_\_\_\_\_ Date \_\_\_\_\_

Important: After you have completed Parts 1, 2 and 3 of this form, mail the original form, the prior plan statement copies requested in Part 2 and any completed forms required by your prior employer or financial institution to the General Board at the address on the first page of this form. If your rollover is approved, the General Board will forward the form(s) with a letter of acceptance to the financial institution.

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### Part 4 – Plan Administrator or Trustee Authorization. To be completed by a representative of the plan administrator or trustee of the prior plan or IRA.

The participant (referenced in Part 1) wishes to roll over an eligible rollover distribution made (or being made) by the prior plan to UMPIP, a retirement income account described in Code section 403(b)(9), which is administered by the General Board of Pension and Health Benefits of The United Methodist Church, Incorporated in Illinois. **UMPIP will not accept such a rollover unless a representative of the plan administrator or trustee of the prior plan certifies the status of the plan and the type of distribution.**

By signing below, the representative of the plan administrator or trustee of the prior plan certifies that the prior plan is:

- a qualified plan described in Code section 401(a)/401(k);
- an annuity described in Code sections 403(a) and 403(b)(1);
- a custodial account described in Code section 403(b)(7);
- a retirement income account described in Code section 403(b)(9);
- a deductible individual retirement account or annuity (IRA) or SEP IRA described in Code sections 408(a) or (b), but not including any after-tax contributions in the IRA;
- a SIMPLE IRA and the first contribution was made to the IRA at least two years prior to the rollover; or
- a Code section 457(b) deferred compensation plan.

The representative also certifies that the distribution is not:

- a required minimum distribution under Code section 401(a)(9) (generally, required to begin at age 70 ½),
- one of a series of substantially equal distributions for a period of 10 years or more,
- a hardship distribution,
- a correction distribution, or
- a loan treated as a distribution that is not rollover eligible.

Amount of rollover \$ \_\_\_\_\_

After-tax contributions included in above amount \$ \_\_\_\_\_

**(Note: After-tax contributions in IRAs cannot be rolled over to UMPIP)**

Name of plan administrator or trustee \_\_\_\_\_

Signature of representative \_\_\_\_\_ Date \_\_\_\_\_

Title of representative \_\_\_\_\_ Phone # (     ) \_\_\_\_\_

Please return the original form and the rollover check made payable to “General Board – UMC, FBO <participant name>” in the envelope provided. The General Board will not accept duplicate or faxed copies of this form.