

# CONFEDERATED TRIBES OF COLVILLE RESERVATION RETIREMENT PLAN ROLLOVER CONTRIBUTION ELECTION FORM

According to the plan document, you may transfer a distribution from another qualified retirement plan into this plan. This type of transfer is known as a *rollover contribution*. There are several guidelines that you must follow in order for the rollover to be allowed:

1. The rollover must be from another plan qualified under IRS Section 401(a), known as a *source plan*. Generally, if the money was distributed to you from a retirement plan sponsored by a previous employer, this requirement should be satisfied.
2. The rollover may not include any after-tax monies. That is, if you made voluntary, after-tax contributions to the source plan, the amount you contributed cannot be rolled over, although any earnings that your contribution received may be rolled over. Your 401(k) contributions as well as contributions made by your previous employer may be rolled over.
3. The rollover must occur within 60 days after you received your distribution from the source plan.
4. The only type of Individual Retirement Account (IRA) that the funds can be accepted from is a *conduit IRA*. To be considered a conduit IRA, the only deposits ever made to it must have been distributions from qualified plans. If other types of deposits have been made to the IRA, the money cannot be rolled over.

There are three ways a rollover may be transferred into the Confederated Tribes of the Colville Reservation Retirement Plan:

1. A direct trust-to-trust transfer, representing all or a portion of your distribution from the source plan or a conduit IRA. If only a portion is rolled over, the remaining amount would be subject to the mandatory 20% federal tax withholding.
2. A check, payable to you, that you received as a lump-sum distribution from the source plan or a conduit IRA and endorsed by you over to this plan's trust account; or
3. A personal check, payable to this plan's trust, for the amount received from the source plan. You can also repay the 20% federal income taxes withheld from the source-plan distribution. You can reclaim the withholding taxes at the end of the year when you file your personal tax return.

In order to facilitate the rollover, three forms are attached:

- **It is your responsibility to have the *Source-Plan Administrator Certification of Rollover Amount* form completed by the source-plan administrator.** It will protect both you and Confederated Tribes of the Colville Reservation by having the source plan certify that your distribution may be rolled over. Fill in your name and the name of the source plan and then forward the form to the source-plan administrator with instructions for them to complete it and return it to you as soon as possible. **THIS FORM MUST BE COMPLETED BEFORE YOUR ROLLOVER CHECK WILL BE DEPOSITED**
- The *Rollover Investment Election Form* is to be completed by you and must accompany your actual rollover contribution to the plan. This form allows you to choose how you want your rollover contribution invested in the available fund choices.
- The *Employee Certification of Rollover Amount* form is to be completed by you and should accompany your actual rollover contribution to the plan. This form determines the type of rollover and certifies that the money is of a kind that may be rolled over.

**Please return the completed forms with your rollover contribution to the Confederated Tribes of the Colville Reservation, Benefits Office, PO Box 150, Nespelem, WA 99155.**

Once the CCT Benefits Office receives your completed forms and your rollover check, they will verify that the amount is eligible for rollover. Once deposited, the funds will begin to share in any investment gains or losses of this plan and will be subject to this plan's distribution provisions. If your rollover is denied, you will receive a letter stating why and giving possible options.

We want to ensure that your rollover contribution is correctly processed, and that neither you nor the Plan violates IRS regulations. If you have any questions, please contact the CCT Benefits Office.

**CONFEDERATED TRIBES OF COLVILLE RESERVATION  
RETIREMENT PLAN**

**SOURCE PLAN ADMINISTRATOR  
CERTIFICATION OF ROLLOVER AMOUNT**

Employee Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

The following questions are to be completed by the former Employer.

1. Please provide the following information:

Source Plan Name: \_\_\_\_\_

Name of Plan Administrator: \_\_\_\_\_

Address: \_\_\_\_\_

Date of most recent IRS Favorable Determination Letter: \_\_\_\_\_

Plan Sponsor's Business Type (Corporation, Proprietorship,  
Partnership, Nonprofit, Educational, etc.): \_\_\_\_\_

Anticipated Distribution Date: \_\_\_\_\_

Total Amount of Distribution: \$ \_\_\_\_\_ Taxable Portion: \$ \_\_\_\_\_

Distribution Amount to be Rolled Directly Into Our Plan: \$ \_\_\_\_\_

- |  | Yes | No |
|--|-----|----|
| 2. Does the full amount of the distribution qualify as a "Direct Rollover"? If not, enter the amount that does qualify: \$ _____<br>Note: The Confederated Tribes of the Colville Reservation Retirement Plan will only accept amounts that can be directly rolled over and will only accept cash distributions (i.e. check or money order). |     |    |
| 3. Is any portion of the rollover a return of after-tax employee contributions?  |     |    |
| 4. Is any portion of the rollover being paid to meet the age 70½ minimum distribution requirements?  |     |    |
| 5. Is any portion of the rollover being paid out because of a corrective action to meet the 401(k)/401(m) discrimination tests or an excess 415 benefit?   |     |    |
| 6. Does any portion of the rollover represent payment to someone other than the employee who accrued the benefit or the employee's spouse?   |     |    |
| 7. Is the distribution part of a series of installments of 10 years or more?   |     |    |

Note: If the answer to any of the questions in 3 through 7 is "Yes", our plan will not accept the rollover.

8. \_\_\_\_\_  
Name and Title of Person Completing this Form (Print)
Name of Person Completing this Form (Signature)

\_\_\_\_\_ \_\_\_\_\_  
Date Phone Number

# CONFEDERATED TRIBES OF COLVILLE RESERVATION RETIREMENT PLAN

## ROLLOVER INVESTMENT ELECTION FORM

### 1. PERSONAL INFORMATION

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
 Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 City, State Zip: \_\_\_\_\_ Date of Hire: \_\_\_\_\_  
 Division: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

### 2. CONTRIBUTION INVESTMENT SELECTION

Please deposit my Rollover to the following funds: *(must elect increments of no less than 1%)*

Fund Name and Ticker	Fund Style	%
<b>PROFESSIONALLY MANAGED ALLOCATIONS</b>		
Portfolio A - Conservative	Managed Portfolio	%
Portfolio B - Moderately Conservative	Managed Portfolio	%
Portfolio C - Moderate	Managed Portfolio	%
Portfolio D - Moderate Aggressive	Managed Portfolio	%
Portfolio E - Aggressive	Managed Portfolio	%
<b>SELF-MANAGED ALLOCATIONS</b>		
AIM Mid Cap Equity Fund (GTAGX)	Mid Cap Growth Fund	%
American Balanced Fund (ABALX)	Balanced Fund	%
Bond Fund of America (ABNDX)	Bond Fund	%
Capital Income Builder (CAIBX)	International Fund	%
Cash Management Fund of America (CTAXX)	Money Market Fund	%
Dreyfus Small Cap Stock Index Fund (DISSX)	Small Cap Stock Fund	%
EuroPacific Growth Fund (AEPGX)	International Fund	%
Growth Fund of America (AGTHX)	Large Cap Growth Fund	%
Intermediate Bond Fund of America (AIBAX)	Bond Fund	%
Investment Company of America (AIVSX)	Large Cap Blend Fund	%
American Funds AmCap Growth (AMCPX)	Large Cap Growth Fund	%
Mutual Qualified Fund (TEQIX)	Mid Cap Value Fund	%
Washington Mutual Investors Fund (AWSHX)	Large Cap Value Fund	%
First Eagle Gold Fund (SGGDY)	Precious Metals Fund	%
	Total	<b>100%</b>

*If you have questions about the Plan's investment options please contact Rebecca Powers at (877) 811-7766.*

3. YOUR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

*Please return the completed form to:  
 Confederated Tribes of the Colville Reservation, Benefits Office, PO Box 150, Nespelem, WA 99155.*

