

# ROLLOVER CONTRIBUTION ELECTION FORM

## BOK Financial

### Completion By Participant

Plan Name	Participant Name
Social Security Number	Address, City, State and Zip Code

### Instructions For Rolling Assets Into The Plan

1. If your Pre-Tax and/or Roth assets are held in your former Employer's Plan:
  - a. Complete an Enrollment Form for your current Employer's Plan and select your investments
    - i. Check with your new Employer or BOK Financial Asset Management ([questions@bokf.com](mailto:questions@bokf.com)) before attempting to rollover ROTH assets as your new Employer's plan may NOT accept such rollovers.
  - b. Contact your former Employer and request a Distribution Form
    - i. Complete their distribution form by electing the "Rollover" option
    - ii. Make the check payable to: **Charles Schwab Trust Bank FBO** \_\_\_\_\_ (Insert your name here)
    - iii. Have the check mailed to you.
    - iv. When you receive the check, complete this form and send it to your current Employer for review.
    - v. Once your current Employer has returned this form to you, send this form and rollover check to the following address:

**BOK Financial**  
**Lock Box Houston Dept 2539**  
**Tulsa, OK 74182**

2. If your Pre-Tax assets are held in an IRA Account:
  - a. Contact BOK Financial Asset Management at [questions@bokf.com](mailto:questions@bokf.com) before proceeding. Your assets may, or may not, qualify for rollover and a special request form may be needed to execute the transfer.

### Contribution Election

I wish to roll over the amount indicated below to the above named plan. By completing this form, I hereby certify that this rollover is qualified to be deposited into this plan.

**Rollover Check Amount:** \$ \_\_\_\_\_

**Date Check Issued:** \_\_\_\_\_

**Source of Funds:**  Traditional IRA  Qualified Plan  403(b)  457(b) (Governmental)  
 Other: \_\_\_\_\_

If part of your rollover is from a retirement plan with roth, enter the amount that has already been taxed: \$ \_\_\_\_\_\*

**\*Note: You must provide evidence from your previous plan to support your tax basis or your rollover contributions will be treated as pre-tax.**

If you have not previously completed a **Participant Enrollment Form**, you **MUST** attach a completed one with this form. Please see your company benefits representative for details. It is also advisable for you to complete a **Beneficiary Designation Form** at this time.

### Signatures

I understand that the funds from the rollover check will be invested in accordance with the current investment elections. I hereby certify that the assets I am rolling over to the company retirement plan do not include funds from a ROTH IRA, nondeductible contributions to a Traditional IRA, or any other "non-Roth" after-tax contributions.

I further certify that, for any of the funds whose source is from a direct rollover from a previous employer's plan, I have contacted my former employer and confirmed that these amounts are eligible for rollover into this plan based on the tax qualified status of the previous plan.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Plan Administrator's Signature

\_\_\_\_\_  
Date