



1700 North Brown Road, Suite 106 • Lawrenceville, GA 30043  
Toll free: 800-789-8765 Fax: (678) 825-1261

### **Transfer / Rollover Form (In / To the PCA Retirement Plan)**

Dear Plan Participant,

Thank you for contacting our office regarding your interest in contributing funds from your other retirement plan account into the PCA 403(b)(9) Retirement Plan.

Please read the following important items regarding the Transfer or Rollover process:

- As a result of recent legislation, it is now possible for the PCA Retirement Plan to accept transfers and rollovers from many different types of retirement plans. We are prepared to accept a rollover from individual plans such as a Traditional IRA or plans of a former employer such as a 401(k), and 401(a). We are also prepared to accept a transfer or rollover from a 403(b) plan as well as Roth 403 (b) or 401(k) transfers; however, we are not allowed to receive Roth IRA transfers.
- Each plan provider that administers a retirement plan may have unique requirements for processing the distribution of funds from their plan. It is recommended that you contact the plan provider to inquire about their specific requirements.
- In order to process any Transfers or Rollovers you must complete the enclosed Transfer/Rollover Form. This form will allow us to process your payment accurately and efficiently.
- If your plan provider is sending the payment directly to the PCA office please be sure to complete and send the Transfer/Rollover form to our office prior to our office receiving the payment from your plan provider. This form will allow us to process your payment accurately and efficiently.
- If there is any additional information or correspondence that we may provide your plan provider to assist you in this process please feel free to contact our office.
- If you have received a rollover check from your retirement plan provider made payable to you, the IRS regulations allow 60 days from receipt of such distribution for you to forward this payment to the new plan provider to be processed as a non-taxable indirect rollover. This payment amount must include the gross amount of the original distribution including any amounts needed to offset tax withholding. Please be sure to include documentation from your former plan provider showing the gross distribution amount.

If you have any questions or concerns regarding this process or if you have questions about your PCA Retirement Plan Account please feel free to contact our office at 800-789-8765 or at [rbi@pcanet.org](mailto:rbi@pcanet.org).

Sincerely,

PCA Retirement & Benefits, Inc.

### Transfer / Rollover Form (In / To the PCA Retirement Plan)

#### GENERAL INFORMATION

- Use this form when requesting to move balances from another retirement plan into the PCA Retirement Plan.
- This completed form must be submitted to our office in order for us to process your rollover or transfer.
- If you do not yet have a PCA Retirement Plan account you must also complete a PCA Retirement Plan enrollment form.
- Transfer/Rollover contributions will be invested according to your future investment elections.
- You must be an active employee in the PCA to be eligible to transfer/rollover funds into your account *(an exception may apply for ministers ordained in the PCA).*

#### EMPLOYEE INFORMATION – Required

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ SOC. SEC. # \_\_\_\_\_  
 (First) (MI) (Last)

ADDRESS: \_\_\_\_\_  
 (Street) (City) (State) (Zip)

DAYTIME PHONE # (\_\_\_\_\_) \_\_\_\_\_ CURRENT EMPLOYER: \_\_\_\_\_

ORDAINED: [ ] YES [ ] NO IF YES, LIST PRESBYTERY: \_\_\_\_\_

#### FORMER PLAN PROVIDER INFORMATION – Required

PLAN PROVIDER NAME: \_\_\_\_\_ PHONE # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

PLAN PROVIDER ADDRESS: \_\_\_\_\_  
 (Street) (City) (State) (Zip)

ACCOUNT # \_\_\_\_\_ FORMER EMPLOYER NAME: \_\_\_\_\_

AMOUNT TO MOVE: \$ \_\_\_\_\_ OR \_\_\_\_\_ %

#### ACCOUNT TYPE – Required

Type of Account to be transferred or rolled over into the PCA Retirement Plan:

- TRADITIONAL IRA → [SKIP NEXT SECTION]
- 401(k) → [SKIP NEXT SECTION]
- 401(a) → [SKIP NEXT SECTION]
- Other Plan \_\_\_\_\_

#### SECTION FOR MINISTERS ELIGIBLE FOR HOUSING ALLOWANCE – Required for those wishing to retain housing allowance benefits

If you are a minister eligible for retirement income housing allowance please complete the following section regarding your Transfer or Rollover:

- I attest that the total amount of this transfer or rollover is attributable to service as a minister during which time I was eligible for the housing allowance provision.
- I attest that a partial transfer or rollover amount of \$ is attributable to service as a minister during which time I was eligible for the housing allowance provision.
- I attest that this transfer or rollover is NOT attributable to service as a minister during which time I was eligible for the housing allowance provision. I understand that any distributions received at retirement from this rollover or transfer and any earnings attributable to this source cannot be designated towards a housing allowance.

**DISCLOSURES AND AUTHORIZATION – Please read carefully**

**By signing this Form**

- I hereby agree to the terms and conditions stated in this form and certify that I am requesting a rollover or transfer of my retirement plan assets in accordance with applicable IRS and plan rules.
- I certify that all information listed on this form is correct to the best of my knowledge.
- I understand that any balances being transferred from a 403(b)(1) annuity or 403(b)(7) custodial account may be subject to more restrictive withdrawal provisions.
- For any balances being transferred from a 403(b) account, I direct PCA Retirement & Benefits, Inc. to treat the entire balance as pretax contributions made subsequent to 12/31/88 unless my prior plan provider provides PCA with account balances as of 12/31/88 and post-1988 Salary Reduction contributions.
- For any balances being transferred from a 403(b) account, I direct PCA Retirement & Benefits, Inc. to allocate the entire balance to the most restrictive source unless my former plan provider provides PCA with the source information of the transferred amount under the former plan.

**EMPLOYEE SIGNATURE – Required**

\_\_\_\_\_  
Employee Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

**DELIVERY INSTRUCTIONS**

Please send completed form and check to:

**PCA Retirement & Benefits, Inc.  
Attn: Transfers/Rollovers  
1700 North Brown Rd., Suite 106  
Lawrenceville, GA 30043**

Please Note: If your plan provider is sending the payment directly to the PCA office please be sure to send the completed Transfer/Rollover form prior to our office receiving the payment from your plan provider. This form will allow us to process your payment accurately and efficiently.

Checks should be made payable to:  
**PCA Retirement Plan**

For Office Use Only:

Reviewed by: \_\_\_\_\_ Date \_\_\_\_\_  
Signature