



# IN-PLAN ROLLOVER TO DESIGNATED ROTH ACCOUNT

10096 W. Fairview Ave., Ste. 160  
Boise, ID 83704  
Phone: (208) 377-3311  
Fax: (208) 376-4567

## PARTICIPANT INFORMATION

Participant: \_\_\_\_\_ Traditional Account Number: \_\_\_\_\_

SSN: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

## Part I. Conversion from A Traditional 401(K) to a Roth 401(K)

CHECK ONLY ONE and fill in where applicable

Choose one of the following:

- New Conversion:** This is a conversion to a NEW Roth Qualified Plan.
- Existing Roth 401(K) Qualified Plan:** This is a conversion to an EXISTING Roth Qualified Plan. Roth Qualified Plan Account Number: \_\_\_\_\_

Choose one of the following:

- Full Conversion:** Convert all assets held in the above account
- Partial Conversion:** Convert the assets indicated below

Asset Description	Indicate Amount (do not use percentages)

## Part II. Signature of the Roth 401(K) Participant

The undersigned hereby irrevocably elects, pursuant to IRC Section 402A(c)(4)(E) to treat this contribution as in In-Plan Rollover to a Designated Roth Account. I acknowledge that, due to the complexities involved in the tax treatment of In-Plan Rollovers under an employer's plan, the Administrator has recommended that I consult with my tax advisor or the IRS before completing this transaction to make certain that this transaction qualifies as a valid contribution and is appropriate in my individual circumstances. I understand that these transactions are reported to the IRS and I acknowledge that I am responsible for record keeping Designated Roth Account contribution information as directed by the IRS. I understand and acknowledge that In-Plan Roth Rollovers are IRREVERSIBLE.

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_