

Traditional IRA/Roth IRA Rollover Certification Form

Use this form to certify a rollover distribution from your current traditional IRA, or Roth IRA, or an eligible Qualified Retirement Plan distribution to your Folio Investing IRA, when you have received a physical check from a qualified retirement plan.

Instructions

1. Complete the form below
2. Sign and send us the completed form, along with the distribution check you received, within 60 calendar days of your receipt of that distribution

Scan and Email

support@folioinstitutional.com

Fax

703-649-6288

U.S. Mail

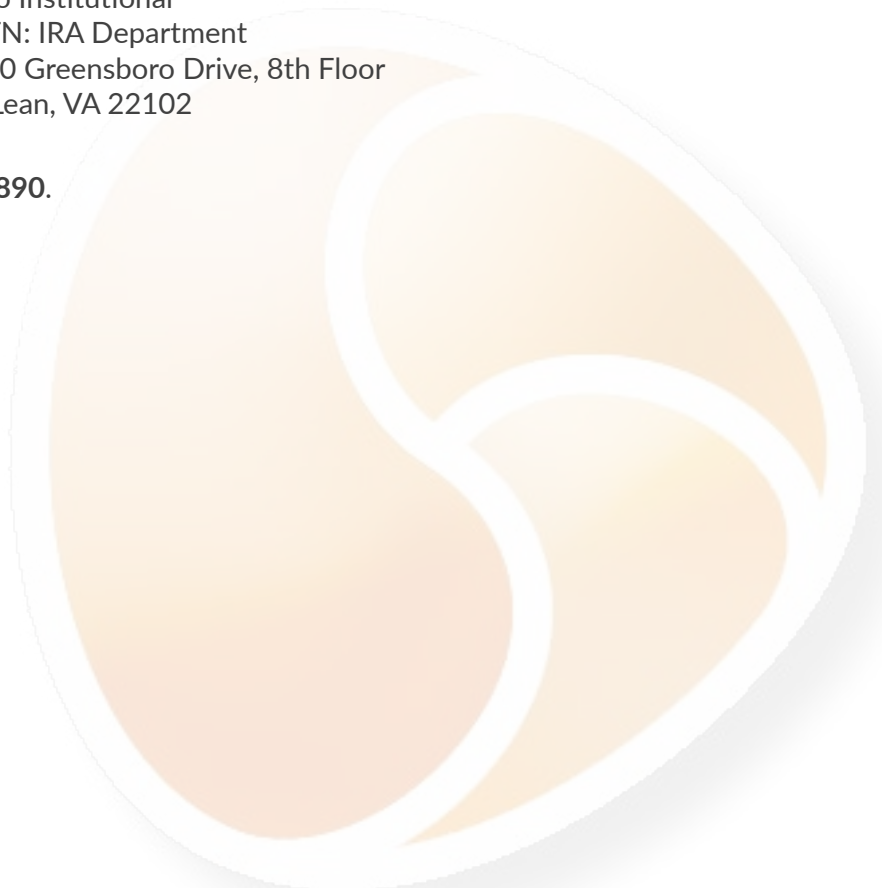
Folio Institutional

ATTN: IRA Department

8180 Greensboro Drive, 8th Floor

McLean, VA 22102

If you need assistance, call us at **1-888-973-7890**.



PART 1: Account Information

| | | | |
|-----------------------------|---|---|-----------------------------------|
| Personal Information | Name (Print name exactly as it appears on your IRA) | | |
| | Date of Birth / / | Social Security Number (SSN) - - | Daytime Telephone Number () - |
| Address | Address (No PO Box) | | |
| | City | State | Zip Code |
| Account Information | Folio Account Number | Account Type Traditional IRA Rollover Roth IRA | |

PART 2: Type of Rollover Contribution

Check one:

Traditional IRA/Roth Rollover – To be eligible, 365 days must have passed since the last time that you last received a rollover distribution from the IRA for which you are requesting a distribution.

Qualified Plan Rollover Distribution – An eligible distribution is generally a non-periodic distribution from a qualified retirement plan for all or part of your account balance which is rolled over into your Folio IRA within 60 days of receipt, except for and portion of a distribution which is nontaxable. Your employer’s benefits or personnel office should be able to tell you what portion of your distribution is an eligible distribution. Funds may be rolled over from a qualified plan into a Roth IRA, if the distribution firm is informed of the destination account type before the check is sent.

Qualified Domestic Relations Order Distribution (Attach such document)

Qualified Plan Rollover Distribution from Roth 401k/403b (Funds must go into a Roth Qualified Plan or Roth IRA)

Repayment of COVID-19 Premature Distribution Within 3 Years

Age 72 or older Rollover Restrictions – for Traditional IRA only

Check one:

I will not be 72 or older in this calendar year.

I am or will be 72 or older in this calendar year. I understand that I may not rollover any amounts required to be distributed under Internal Revenue Code Sections 408(a)(6) and 401(a)(9) (Required Minimum Distributions).

PART 3: Certification

I certify that the contribution described above is an eligible Traditional/Roth IRA rollover contribution and that I am rolling over this contribution within 60 calendar days of my receipt of that distribution (except in the case of COVID-19 related premature distributions). I understand that this rollover is irrevocable and involves important tax considerations. Specifically, I understand that a rollover contribution from a qualified retirement plan will no longer be eligible for the special averaging, capital gains and separate tax treatment that may be available for distributions from such plans. Other tax considerations may also apply.

I agree that I am solely responsible for all tax consequences of this rollover contribution. I also agree that neither the IRA custodian nor Folio shall have any responsibility for any such tax consequences. I also understand that restrictions regarding subsequent rollovers may apply.

I have read and understand and agree to be legally bound by the terms of this form. I also understand that the IRA custodian will rely on this form when accepting my rollover contribution. I also understand that I am responsible for the movement of the rollover to my successor IRA, and that neither the IRA custodian nor Folio has any duty to enforce the collection of any assets to be rolled over to my Folio IRA.

| | | |
|--------------------------------|----------|--------------------------|
| Participant's Signature | X | Date (mm/dd/yyyy) / / |
|--------------------------------|----------|--------------------------|