



Instructions for Making a Rollover Contribution to Diocese of Metuchen Lay Employees' Retirement Plan

- Enclosed are the items needed to make a rollover contribution to your retirement plan.
- Please review these procedures and complete the form as described in the procedures below.
- Participant Service Center Representatives are available to help you complete the forms, or answer general questions you may have about a rollover into the Plan. You can reach a Representative by calling the Retirement Plan Information Line at 1-800-854-0647 between the hours of 8:00 a.m. and 8:00 p.m. Eastern Time. Automated Retirement Account information can be accessed at any time.
- Then return the Rollover Contribution Form and a check for your rollover to:

REGULAR MAIL
The Hartford P.O. Box 55274 Boston, MA 02205-5274

OVERNIGHT MAIL ONLY
The Hartford 500 Boylston St. Boston, MA 02116

ITEM	Procedure	*SEND TO THE HARTFORD
Rollover Contribution Form	Complete all relevant sections of the form. Sign and date in the space provided at the bottom of the form.	Yes
Rollover Check	<ol style="list-style-type: none"> 1. For a direct rollover from a qualified plan, the check must be made payable to "Diocese of Metuchen Retirement Plan fbo <i>your name</i>." Be sure to write your Social Security Number on the check if it is not printed there. 2. For a non-direct rollover from a qualified plan or a rollover from a Conduit IRA, the check must be made payable to "Diocese of Metuchen Retirement Plan fbo <i>your name</i>." Be sure to write your Social Security Number on the check. The rollover must be completed within 60 days of your receipt of the amount to be rolled over. 3. Return form and check to the address above. Your check will be deposited and rollover contribution posted to your account. 	Yes

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Diocese of Metuchen Lay Employees' Retirement Plan

ROLLOVER FORM

990500126

1 **Employee Information** *(Please print or type)*

Name _____ Date of Hire _____
 Social Security # _____ Date of Birth _____
 Address _____ Daytime Phone _____
 _____ Location _____

2 As a result of recent tax law changes, it has become possible to transfer assets between different types of retirement plans in the form of a direct or indirect rollover. Please note that after-tax rollovers from employer-sponsored plans (such as 401(k) or profit sharing plans) can generally only be made if they are processed as direct rollovers. After-tax rollovers cannot be made to this plan from an IRA.

The amount you roll over must represent an eligible rollover distribution from a retirement plan or an IRA. If this request represents a direct rollover from a retirement plan, your check should be made payable to "Diocese of Metuchen Retirement Plan fbo [Participant Name]." If this request represents a non-direct rollover contribution (you have received this money from a prior plan or from an IRA), you must have received this rollover distribution no more than 60 days before the date your rollover contribution is received by the Plan. Your check should be made payable to "Diocese of Metuchen Retirement Plan fbo *your name*" and include your Social Security Number on the check. Any tax consequences related to this rollover are your responsibility and you agree that Diocese of Metuchen Lay Employees' Retirement Plan and The Hartford and its affiliates will not be held responsible for these tax consequences.

Amount of Rollover: \$ _____.

Amount (if any) that represents an after-tax contribution \$ _____ (Note: Rollovers will be assumed to consist of pre-tax contributions and earnings unless an after-tax amount is indicated. Rollovers from IRA's will be assumed to consist entirely of pre-tax amounts because after-tax rollovers cannot be made). Please see Section 3 for additional information.

Investment Elections *(Please select how you would like your rollover contribution to be invested. Your allocation must total 100%)*

Asset Class	Fund Names	Contribution Allocation %
Stable Value	MFS® Money Market Fund	%
Bond	MFS® Research Bond Fund - A	%
Balanced	MFS® Total Return Fund - A	%
Stock – Index	Fidelity Spartan US Equity Index Fund	%
Stock – Large Cap Value	MFS® Strategic Value Fund - A	%
Stock – Large Cap Growth	American Funds Growth Fund of America – R3	%
Stock – Small Cap Value	Columbia Acorn Fund - A	%
Stock – Small Cap Growth	Lord Abbett Small-Cap Value Fund - P	%
Stock – International	MFS® Research International Fund - A	%
	OR Choose ONE of the following six asset allocation Strategies	Indicate with a ✓ mark
Lifestyle	Conservative Asset Allocation Strategy	
Lifestyle	Moderately Conservative Asset Allocation Strategy	
Lifestyle	Moderate Asset Allocation Strategy	
Lifestyle	Moderately Aggressive Asset Allocation Strategy	
Lifestyle	Aggressive Asset Allocation Strategy	
Lifestyle	Very Aggressive Asset Allocation Strategy	

Source of the Rollover. Indicate whether this rollover is from an IRA or employer-sponsored retirement plan, and indicate the type of retirement plan if it is from a retirement plan.

- IRA (the amount rolled over is deemed to consist entirely of pre-tax contributions and earnings)
- 401(a) plan, including 401(k) plans, money purchase plans, profit sharing plans
- 403(b) plan
- Government Section 457 plan (special requirements may apply – see your tax advisor)
- Other – State Type: _____

Check if applicable:

- This rollover represents proceeds from my deceased spouse's retirement plan
- This rollover represents a distribution payable to me as a spouse (or former spouse) alternate payee as a result of a QDRO

3 Employee Authorization and Signature *(Please complete, sign, date, and return this form to The Hartford at the following address: The Hartford, P.O. Box 55274, Boston, MA 02205-5274)*

As a former participant in the above – referenced retirement plan or as owner of the above – referenced IRA, I confirm that (1) the prior plan is either an IRA or a retirement plan which qualifies this distribution as an eligible rollover; (2) the prior plan or IRA has satisfied such requirements as the Plan may have established for the purpose of reasonably concluding the eligibility for its acceptance of the transferred amount under the Plan; and (3) I understand that these rollover funds, once deposited in the plan, will be subject to all provisions of the Plan, including all distribution restrictions.

Employee Signature _____ Date _____

4 Information on Rollovers *(Please read carefully before completing this form.)*

Rules for Rollovers

The amount you roll over must represent an eligible rollover distribution from certain types of retirement plans and IRA's that are allowed as sources of a rollover to this Plan by your Employer. Note that only the amount that otherwise would have been taxable (had it been paid directly to the individual account owner and not rolled over) can be rolled over from an IRA. In determining the amount that can be rolled over from an IRA, all of the individual's IRA's are aggregated and the total taxable amount at the time of the rollover is the maximum that can be rolled over. See your tax advisor for more information.

After-tax amounts: A rollover of after – tax amounts can generally only be made to this defined contribution plan if it is processed as a 'direct rollover'. This means that the after-tax amount could not have been paid to you and then rolled over, but must have been paid directly to this successor plan. Please note that if the rollover is from a Section 457 plan, and property (assets other than cash) were distributed, special requirements may apply and you should contact your tax advisor before authorizing any rollover. If this request represents a non-direct rollover contribution (you have received this money from a prior retirement plan or from an IRA as a check payable to you), you must have received this rollover distribution no more than 60 days before the date your rollover contribution is received by the Plan. However, this requirement can be waived in some hardship circumstances, in accordance with IRS guidance. See your tax advisor for more information.