



ROLL OVER TO THE FUND

Regardless of your age, length of Y service, or hours worked, you can roll eligible retirement savings into the YMCA Retirement Fund's 403(b) Savings Plan (Savings Plan) if you currently work for a Y. Depending on the type of account you are rolling in, the money will be placed in a Rollover Account or Roth Rollover Account.

1

INTEREST CREDITS

Interest is credited to your Rollover Accounts at the same time that interest is credited to other contributions made to the Savings Plan.

2

ACCESS YOUR MONEY

You may withdraw your Rollover Accounts at any time. However, unless you roll the withdrawal over to an IRA or eligible employer plan, you may be taxed on your withdrawal and, if you are under age 59½, you may also be subject to an additional 10% early withdrawal tax.

3

BORROW FROM YOURSELF

While you are working for the Y, you can borrow from your accounts in the Savings Plan.

4

LIFETIME INCOME IN RETIREMENT

Upon retirement, you may be eligible to convert your Savings Plan account balances to lifetime income in retirement, also known as an annuity. Please note that each rollover contribution must be in the Savings Plan for 10 years to be eligible for a lifetime annuity.

What types of accounts can I roll over?

- For a full list of the specific accounts that are accepted please see the accompanying *Rollover Authorization Form*. In general, accounts that are in your name from an eligible retirement plan, including tax-deferred annuities, deferred compensation governmental plans, traditional IRAs and SEP IRAs are accepted. You can also roll over SIMPLE IRAs if you participated in the SIMPLE IRA for at least two years. Rollovers of after-tax contributions from an eligible retirement plan are also accepted, as are employer-sponsored Roth retirement accounts. Roth IRAs are not eligible to roll in.
- If you are a surviving spouse, you may roll over your distribution from your deceased spouse's eligible retirement plan
- If you are a former spouse alternate payee, you may roll over a distribution you receive from an eligible retirement plan as an alternate payee under a qualified domestic relations order (QDRO).

**To begin the Rollover Contribution process, complete the
Rollover Authorization Form and the Employee Certification on pages 2 and 3.**

Contact the Fund via Live Chat at www.yretirement.org, or at 800-RET-YMCA (800-738-9622), M-F (9:00am-5:00pm ET)



ROLLOVER AUTHORIZATION FORM

If you are requesting that a plan administrator or IRA custodian directly roll over a distribution to the YMCA Retirement Fund's 403(b) Savings Plan (the "Savings Plan"), you must contact the plan administrator or IRA custodian to find out if they require additional paperwork to complete the direct rollover. To make a Rollover Contribution to the Savings Plan:

- you must be a current employee of a participating YMCA;
- the contribution must be an eligible rollover distribution from an eligible retirement plan identified in **Step 1** below;
- you are entitled to the eligible rollover distribution as the participant/owner, the surviving spouse of the participant/owner or the former spouse alternate payee of the participant/owner pursuant to a QDRO; and
- the contribution must meet the requirements of the Savings Plan as determined by the YMCA Retirement Fund (the "Fund").

Note: Your rollover funds will be returned to you if this form is not received within 60 days of receipt of check, or the Rollover contributions or Plan type do not meet the requirements listed for Roth Assets.

STEP 1. Select the Type of Eligible Employer Plan or IRA That You Are Moving to the YMCA Retirement Fund

- ☐ Qualified employer plan under Internal Revenue Code Section 401(a), 401(k), or 403(a)
- ☐ Qualified employer tax-sheltered annuity plan under Internal Revenue Code Section 403(b)
- ☐ Deferred compensation governmental plan under Internal Revenue Code Section 457(b)
- ☐ Traditional IRA under Internal Revenue Code Section 408
- ☐ SEP IRA under Internal Revenue Code Section 408(k)
- ☐ SIMPLE IRA plan under Internal Revenue Code Section 408(p) (if you participated in the plan for at least two years)

The YMCA Retirement Fund will not accept:

- direct or indirect Rollover Contribution of amounts from a Roth IRA;
- an indirect Rollover Contribution from a Roth account in an employer-sponsored retirement plan; or
- an indirect Rollover Contribution of after-tax amounts from an eligible retirement plan or IRA

It is your responsibility to ensure that these amounts are not included in your Rollover Contribution.

STEP 2. Select Your Contribution Method — Direct Rollover Or Indirect Rollover

Direct Rollover

- If this is a direct rollover from an eligible retirement plan that you identified in **Step 1**, check here ☐
- Enter the approximate amount of your requested Rollover Contribution from the eligible retirement plan \$ _____
- Please send a copy of this completed form to the plan administrator or IRA custodian that will be sending your direct rollover to the Fund.

TO BE COMPLETED BY THE PLAN ADMINISTRATOR/IRA CUSTODIAN

You Are Rolling Money From:

Name of Plan or IRA _____

Gross amount of distribution: \$ _____ Date of distribution ____/____/____ (MM/DD/YYYY)

• Complete this section for Non-Roth Assets

Pre-tax contributions and earnings (taxable amount of distribution): \$ _____

After-tax contributions (excluding designated Roth contributions): \$ _____

• Complete this section for Roth Assets

Designated Roth contributions and earnings (total Roth distribution): \$ _____

Designated Roth contributions (basis portion of total Roth distribution): \$ _____

Year of initial Roth contribution: _____ Check this box if Qualified Distribution ☐

I certify that the distribution qualifies as an "eligible rollover distribution" under Section 402(c) of the Internal Revenue Code

Plan Administrator/IRA Custodian Signature _____ Date ____/____/____ (MM/DD/YYYY)

Print Name _____ Title _____

Email _____ Phone _____

Please make the check payable to the "YMCA Retirement Fund FBO [Name of Individual in Step 4 on page 3]" and send the check and this completed Form to the YMCA Retirement Fund, 120 Broadway, New York, NY 10271-1999.

STEP 2. Continued

Indirect Rollover

- If you wish to roll over any portion of an eligible rollover distribution that you received directly from your eligible retirement plan or the eligible retirement plan of your deceased spouse or, pursuant to a QDRO, former spouse, generally you have 60 days after receiving that distribution to deposit that amount with the Fund (including any amounts withheld for taxes) as a Rollover Contribution. It is your responsibility to ensure that you meet this deadline.
- If you are contributing amounts you received from an eligible retirement plan that you identified in **Step 1**, check here ☐
- Please fill in the amount of your Rollover Contribution: \$ _____
- Please attach a check stub or other statement from your plan administrator/IRA custodian that identifies the eligible retirement plan and shows the date and gross amount of the distribution and the amount of federal income taxes withheld from the distribution to you.

Please make the check payable to the “YMCA Retirement Fund FBO [Name of Individual in Step 4 below]” and send the check and this completed Form to the YMCA Retirement Fund, 120 Broadway, New York, NY 10271-1999.

STEP 3. Identify Participant/Owner of the Eligible Retirement Plan

Please identify the participant in the eligible employer plan or owner of the IRA identified in **Step 1**:

☐ SELF ☐ DECEASED SPOUSE ☐ FORMER SPOUSE (You are the Alternate Payee in the QDRO)

If you checked “deceased spouse” or “former spouse” above, please provide the applicable name of your deceased spouse or former spouse: _____

STEP 4. Your YMCA Retirement Fund’s Account Information & Authorization

Please provide your personal information in this section and sign the *Employee Certification* to authorize the rollover.

First Name _____ Middle _____ Last _____

Home Address _____ City _____ State _____ Zip _____

Home Phone _____ Mobile Phone _____ Full SSN _____ - _____ - _____

Personal Email _____

By providing your email address, you consent to receive legally required communications from the Retirement Fund electronically.

Name of your YMCA _____

City _____ State _____

I certify to the following statements regarding this Rollover Contribution:

- This distribution can be rolled over into my Savings Plan account with the YMCA Retirement Fund because it:
 - is not one of a series of substantially equal periodic payments (not less frequently than annually) distributed over my life or life expectancy (or the joint lives or joint life expectancies of me and my beneficiary) or over a period equal to or greater than 10 years;
 - was received by me not more than 60 days before the date of the rollover to the Savings Plan (or I have confirmed that the distribution meets one of the exceptions to the 60-day limit under applicable tax law);
 - would be includible in gross income if not rolled over in its entirety, unless it includes after-tax or Roth contributions which have been previously taxed; and
 - does not represent a required minimum distribution, a hardship distribution, or a corrective distribution (for example: corrections of elective deferrals or elective contributions, etc.)
- I hereby authorize this Rollover Contribution to the Savings Plan and certify that all the information on this *Rollover Authorization Form* is true, correct and complete.
- I will indemnify and hold the Fund harmless from any liability which may arise from this Rollover Contribution.
- I understand that this Rollover Contribution will be subject to the terms and conditions of the Savings Plan.
- I understand that if a determination is made that the rollover was an invalid rollover, the amount of the invalid rollover plus any earnings attributable to it may be distributed to me.
- I agree that the Fund will not be liable for any loss when acting pursuant to this Rollover Authorization Form and will not be responsible for the actions of the plan administrator/IRA custodian distributing this Rollover Contribution.

YOUR SIGNATURE _____ **Date** ____/____/____ (MM/DD/YYYY)

PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS

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