403(b) PLAN ROTH IN-PLAN CONVERSION FORM

PERSONAL INFORMATION (please print clearly using black or blue ink)

NAME: _____ SOCIAL SECURITY NUMBER: _____ (Required)

E-MAIL: _____ SCHOOL DISTRICT PLAN NUMBER: _____ (Not required)

DAY PHONE: _____ EVENING PHONE: _____

DATE OF BIRTH: _____ ❑ MARRIED ❑ UNMARRIED

INSTRUCTIONS

1 Please REVIEW and COMPLETE all applicable sections to enable prompt processing

2 Indicate EMPLOYMENT STATUS, select ELECTION and AMOUNT

3 SIGN and MAIL your form for processing

PLEASE NOTE: AN INCOMPLETE APPLICATION OR NOT SUPPLYING ALL REQUIRED DOCUMENTATION WILL CAUSE A DELAY IN PROCESSING YOUR REQUEST.

1. EMPLOYMENT STATUS

❑ EMPLOYED ❑ SEPARATED FROM SERVICE SEPARATION DATE: _____

2. ELECTION

Funds for distribution will be withdrawn based on the plan's distribution withdrawal hierarchy

❑ **Age 59½ Withdrawal** (Must be actively employed and must be permitted by the plan.)

❑ **Death** (Roth in-plan conversions are permissible by a spouse beneficiary.)

❑ **Normal Retirement Age Withdrawal** (Must be actively employed and must be permitted by the plan.)

❑ **Separated from Service** (Must not be actively employed.)

3. AMOUNT REQUESTED

Roth In-Plan Conversion Amount (Fill in A. or B.)

A. Dollar Amount $ _____ **OR B. Percent of Amount Available** _____ **%**

If the amount available for conversion is less than the dollar amount you are requesting, the transaction will be processed for the maximum amount available.

Note: Pretax and after-tax (if applicable) money will be included in this conversion. If your Plan offers loans, money converted to Roth may not be available for loans.

Please give careful consideration to your decision to convert funds from your account. Once the conversion to Roth has been made, it is irrevocable.

4. TAXES

You may be subject to federal and state income taxes on the taxable portion of your Roth In-Plan Conversion. You may also be subject to tax penalties under the Estimated Tax Payment rules. You are advised to seek the advice of a qualified tax advisor prior to making this conversion.

5. ACCOUNT HOLDER AUTHORIZATION

I declare that, to the best of my knowledge and belief, the information on this form is true, correct and complete.

ACCOUNT HOLDER SIGNATURE_____ **DATE**_____

ACCOUNT HOLDER SSN_____

Your form will NOT be processed without Signature, Date and SSN completed.

PLEASE REVIEW YOUR APPLICATION CAREFULLY. HAVE YOU?

Please check off each item below prior to submitting this form. Missing information on this form may result in a delay in processing or rejection of your request.

- ❑ Liquidated Self-Managed Accounts and transferred back into your plan's designated investments when requesting a distribution that requires funds held in it
- ❑ Included your termination/retirement date if requesting a distribution from section 1
- ❑ Made your selection in section 2 and have indicated the amount or percent where required
- ❑ Signed and dated this form
- ❑ Acquired Third Party Administrator and/or Employer authorized signature or approval certification.

If you have any questions, contact a Customer Service Agent at: 844-electP2 (844-353-2872) (TTY/TTD users call 800-468-5449) or go online at Pension2.com.

If your application is complete, please fax or mail the application to:

VIA FAX
CalSTRS Pension2 Plan Administration
1-888-814-5862

VIA MAIL
CalSTRS Pension2 Plan Administration
PO Box 389
Hartford, CT 06141

VIA OVERNIGHT DELIVERY
CalSTRS Pension2 Plan Administration
One Orange Way
Windsor, CT 06095

THIRD PARTY ADMINISTRATOR AUTHORIZED SIGNATURE AND CERTIFICATION

This section must be completed if required by the Employer.

I am employed as a Third Party Administrator of the Plan identified above and certify the following:

- I have read and agree to the terms of the requested withdrawal;
- I have verified the Participant's eligibility for such withdrawal and have not relied solely on information provided by the Participants in this form in order to make this determination;
- The requested benefits are permitted in accordance with the terms of the Plan document; and
- The information provided in this document is complete and accurate to the best of my knowledge. If any information provided by the Participant to the Company is in conflict with the information provided by me to the Company, I acknowledge that the Company will rely conclusively on the information provided by me.

NAME OF TPA FIRM _____

AUTHORIZED SIGNER NAME (PLEASE PRINT) _____

SIGNATURE_____ **DATE**_____/_____/_____

EMPLOYER OR PLAN SPONSOR AUTHORIZED SIGNATURE AND CERTIFICATION

This section must be completed when required to do so by a contract between the Company and the Employer.

I am an Employer or Plan Sponsor of the plan identified above and certify the following:

- The requested benefits are permitted by the plan.
- The distribution is being made from a contract used to fund a 403(b) plan.
- I have read and agree to the terms and conditions of the requested withdrawal and certify that the information stated above is true and complete. I further understand that the Company may rely conclusively on these certifications in processing the requested benefits above and that, in the case of any conflicting information, the Company is entitled to rely exclusively on the information contained in this Withdrawal Request.
- I have amended my Plan document to reflect all applicable federal tax legislation and IRS guidance, including the Pension Protection Act of 2006, in accordance with the IRS's remedial amendment period.

AUTHORIZED SIGNER NAME (PLEASE PRINT) _____

SIGNATURE _____ **DATE (MM/DD/YYYY)** _____