



401(k) Deemed IRA Inbound Transfer/Rollover

kentuckydcp.ky.gov

Kentucky Deferred Compensation, 501 High Street, 2nd Floor, Frankfort, KY 40601

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Please print. Use only blue or black ink.
Sign and date the bottom of the form
and return to our office for processing.

Important Information

Please read this form carefully. The Authority will rely upon your selections to process your request. The Authority will not be responsible for any adverse tax consequences which may result from improper or inaccurate information you provide.

For additional information about transfers and rollovers, see IRS Publication 590 at irs.gov.

Transfer/Rollover: A trustee-to-trustee transfer from a qualified retirement plan, 403(b) or Governmental 457 plan paid directly to your Kentucky Deemed IRA Account and is not subject to federal income tax withholding.

Inherited IRAs: If you are a beneficiary of another owner's IRA, you must be the spouse of that owner to rollover the amount to your Kentucky Deemed IRA Account. The Authority will not receive any amount representing an inherited IRA. You cannot set up a Kentucky Deemed IRA Account in the name of the deceased IRA owner for your benefit. Your Kentucky Deemed IRA Account will be held under your name only.

Account Type

Traditional Roth

Personal Information

Name: _____ SSN or Account Number: _____

Date of Birth: _____ Home Phone: _____ Work Phone: _____

Mailing Address (New Address? Yes): _____

City: _____ State: _____ ZIP: _____

Email: _____

Employer Information

Employer Name: _____ Agent Code: _____

Current Carrier/Custodian Information

Current Carrier/Custodian Name: _____

Attention: _____ Account Number: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Transfer/Rollover From (select one)

Transfer: Traditional IRA Roth IRA

Rollover: 403(b)/tax-sheltered annuity Qualified retirement plan/401(k) Governmental 457

Transfer/Rollover Amount (select one)

I wish to directly transfer/rollover the amount indicated below to my new employer's qualified 401(k) Plan administered by the Kentucky Public Employees' Deferred Compensation Authority (KPEDCA).

Entire Account Balance

Partial Lump Sum in the Amount of \$ _____

NOTE: If a required minimum distribution (RMD) is due in the year your Transfer/Rollover occurs, you must have the RMD paid to you **before** the Transfer/Rollover amount is sent to the Authority.

FOR ROTH ASSETS:

Date of First Contribution: _____

Total Contributions \$ _____ + Earnings \$ _____ = Total Balance \$ _____

Selection of Investment Options

I understand that with Mutual Funds, there is no guarantee of principal. Also, there is no guarantee that any Mutual Fund's objective will be attained or will not change, as there is some uncertainty in every investment. I understand Nationwide will invest my initial Transfer/Rollover in the designated safe fund for the first seven calendar days before automatically moving the funds to the investment option(s) selected below.

Please select your option(s) below: Enter the percent of your Transfer/Rollover amount that you choose to have invested in each fund.

Percentages must total 100%

USE WHOLE PERCENTAGES ONLY

%	Fund Name
	Fixed Contract Fund - 3 ¹
	American Euro Pacific Growth - R6 ^{2,3}
	Dodge & Cox International ²
	Fidelity Growth Co Fund - K6
	JPMorgan Equity Income Fund - R6
	MetWest Total Return Bond Fund
	Invesco Government & Agency Portfolio
	Principal Small-MidCap Div Income Fund - R6
	T Rowe Price Instl Mid-Cap Eq Gr ³
	Vanguard Extended Market Index - Instl Plus
	Vanguard Instl Index - Instl Plus
	Vanguard Wellington - Admiral

%	Fund Name
	Vanguard Target Ret Inc - Investor
	Vanguard Target Ret 2020 - Investor
	Vanguard Target Ret 2025 - Investor
	Vanguard Target Ret 2030 - Investor
	Vanguard Target Ret 2035 - Investor
	Vanguard Target Ret 2040 - Investor
	Vanguard Target Ret 2045 - Investor
	Vanguard Target Ret 2050 - Investor
	Vanguard Target Ret 2055 - Investor
	Vanguard Target Ret 2060 - Investor
	Vanguard Target Ret 2065 - Investor
	Vanguard Target Ret 2070 - Investor
	Vanguard Tot Bond Mkt - Investor

¹Balances in the Fixed Contract Fund - 3 are restricted from being moved directly into the Invesco Government & Agency Portfolio.
²These funds are designated as restricted funds and thereby limited to four (4) trades (purchases or sales) per rolling 30-day period per restricted fund. Failure to adhere to these limits may result in additional trading restrictions.
³This fund imposes a Purchase Block.

NOTE: Each plan selected must add up to 100%. If your contribution amount does not total 100%, the remaining portion will be invested in the Target Date Fund based upon your date of birth.

Authorization of Participation and Payroll Deduction

I hereby authorize the Authority Staff and its agents to assist me in filling out this form at my direction. I acknowledge that this is an administrative service only and such service does not constitute investment advice. I certify that the monies herewith are in accordance with all Transfer/Rollover requirements for tax-free treatment.

By my signature below, I hereby acknowledge that I have received, read and understand the information below. I certify that I have reviewed and approve the accuracy of the information contained in this form.

- I certify that the information provided on this form is true, complete and accurate.
- I agree to be bound by the terms and conditions of the Authority's 401(k) Plan.
- I understand that the Authority does not separately account for, or record keep, any nondeductible contributions to a traditional IRA nor does the Authority separately allocate contributions and earnings of Roth IRA transfers to the Authority.
- I understand I am responsible for maintaining and reporting the 5-year holding period for my Roth IRA for determining qualified distributions.
- I have the opportunity to consult with my own tax advisor/accountant as to the tax consequences of my selections made on this form.
- Only certain distributions may be eligible for tax-free treatment on rollover, and I understand that it is solely my responsibility to ensure compliance with such rules. I indemnify and hold harmless the Authority, its employees and agents from any liability or claim resulting from reliance on my statements or selections on this form or in connection with processing my request.

Signature: _____ **Date:** _____

Attention current Investment Institution:

Make the check payable to: KY Deferred Comp Authority for the account of the signer above.

Mail the check along with a completed and signed copy of this form to:
 Kentucky Deferred Compensation, 501 High Street, 2nd Floor, Frankfort, KY 40601.