

AR Diamond Deferred Compensation Plan

Rollover Contribution (Incoming Assets)

Please print clearly • Retain a copy for your records

Make check payable to: AR Diamond Plan (FBO Participant Name and SSN)

Mail completed form and check to: VOYA 400 W. Capitol, Suite 1611, Little Rock, AR 72201

1 Your Personal Information	Your full name: _____ Social Security No.: _____ Date of Birth: _____ Home address: _____ City: _____ State: _____ Zip Code: _____ Daytime Phone No.: _____ Alternate Contact Phone No.: _____
2 Rollover/transfer funds FROM:	Plan type (check one): <input type="checkbox"/> 401(k) <input type="checkbox"/> DROP/PAW <input type="checkbox"/> Traditional IRA <input type="checkbox"/> 457(b) <input type="checkbox"/> 403(b) <input type="checkbox"/> ROTH 457(b)* <input type="checkbox"/> ROTH 403(b)* <input type="checkbox"/> Other Current Custodian Name: _____ Account No.: _____ Mailing Address: _____ City: _____ State: _____ Zip Code: _____ Contact Name: _____ Phone Number: _____ Fax Number: _____
3 Investment elections for your rollover assets	All rollover contributions will be invested according to your investment election on file. If you do not have an investment election on file, the funds will post to the Plan's default fund, the Federated Government Obligations Tax-Managed Fund. <input type="checkbox"/> By checking the box, I agree with the above statement.
4 *Complete section 4 and section 5 if your rollover includes ROTH assets. Note: AR Diamond Plan cannot accept rollovers in from a ROTH IRA Plan.	Amount of ROTH assets in this rollover: \$ _____ Please indicate the portion of any ROTH assets attributable to contributions: \$ _____ The date of your first ROTH contribution from the rollover custodian: ____/____/____ Please attach a distribution statement from your prior plan that includes the date of the first ROTH contribution and the total amount of the ROTH rollover.
5 Required Documentation Checklist if completing a ROTH rollover	<input type="checkbox"/> Completed AR Diamond Plan Rollover Contribution Form <input type="checkbox"/> Rollover distribution statement from the prior custodian detailing the taxability of the rollover funds <input type="checkbox"/> Distribution statement must indicate the first ROTH contribution date and the total ROTH Rollover amount (if applicable)
6 Acknowledgement and Authorization	I hereby elect to make a rollover contribution to the AR Diamond Deferred Compensation Plan. As evidenced by the attached documentation, this amount does not exceed the taxable amount which I received within the past 60 days from my former employer's qualified plan, 457 or from my IRA. By signing below, I certify that all assets to be invested are qualified moneys and are eligible for rollover to the AR Diamond Deferred Compensation Plan. I understand that the AR Diamond Deferred Compensation Plan will not be held responsible for any tax penalties that may occur for incomplete submission. I also certify that the number shown on this form is my correct social security number. Please note: An incomplete form, insufficient documentation, a missing check or check with incorrect payee information may result in a delay in posting funds to your account or the return of your form and/or rollover check. Participant Signature: _____ Date: _____