



## **Loma Linda University Faculty Medical Group MERP Self-Certification Rollover Contribution Letter of Instruction**

Dear Plan Participant:

Navigate to [rps.troweprice.com](https://rps.troweprice.com) or use the enclosed form to roll over qualified plan assets from your previous employer's retirement plan or IRA to your current employer's plan at T. Rowe Price Retirement Plan Services, Inc. (T. Rowe Price). Acceptable rollover contributions are based on your plan rules.

Through our online experience, you can receive education and assistance throughout the rollover process and access a tracker that shows you the status of your rollover.

Should you need additional assistance with this process, contact a T. Rowe Price representative at 1-800-922-9945.

To initiate the rollover, you must contact your previous retirement plan or IRA institution to first request a distribution.

### **Option 1: Direct rollover from previous retirement plan or IRA institution**

The check will be issued from your previous retirement plan or IRA institution and must be made payable to the current plan for your benefit.

**For example:** Trustee of Loma Linda University Faculty Medical Group MERP  
For the benefit of **[your name]**

### **Option 2: Indirect rollover from previous retirement plan or IRA institution (Note: Indirect rollovers are accepted at the discretion of your current employer's plan at T. Rowe Price.)**

The distribution from your former employer plan or IRA should be rolled over within 60 days of receipt. However, if your loan offset was solely due to the termination of the plan or your failure to make timely loan repayments because of your severance from employment, you have until the due date (plus extensions) for filing your tax return for the year in which the loan offset occurred, to roll over the loan offset amount. It is possible for you to use personal funds to make up the amount that was withheld for taxes. You may endorse the check from your previous retirement plan or IRA institution to the current plan or you may send a certified check, cashier's check, or money order.

Next, you must complete your rollover online by navigating to [rps.troweprice.com](https://rps.troweprice.com), or you may fill out the enclosed Participant Certification of Rollover Contribution Form.

### **Section 1: Your Information**

Please provide all information.



## **Section 2: Rollover Information**

Please

- indicate type of rollover and previous account type
- name the previous retirement plan or IRA institution
- indicate the amount of the rollover check
- answer both questions pertaining to after-tax and Roth 401(k) contributions

## **Section 3: Which Investments Do You Want Your Money Rolled Into?**

You may choose to roll over assets according to your investment allocation in the current plan, or you may choose different investment allocations for your rollover contribution. Each option is indicated on the form.

## **Section 4: Signature and Date**

Please carefully read the form in its entirety before signing, dating, and returning to T. Rowe Price.

If you have any questions, please visit the T. Rowe Price website at [rps.troweprice.com](https://rps.troweprice.com), available 24 hours a day. You may also contact a T. Rowe Price representative at 1-800-922-9945. For TDD access, call 1-800-521-0325.

Sincerely,

T. Rowe Price Retirement Plan Services, Inc.



**Participant Information** (Please print clearly)

\_\_\_\_\_  
Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, ZIP Code

\_\_\_\_\_  
Daytime Phone Number

\_\_\_\_\_  
Evening Phone Number

\_\_\_\_\_  
Date of Birth

**Rollover Information**

Please feel free to contact T. Rowe Price at 1-800-922-9945 should you need assistance.

Please indicate the type of rollover:

- ☐ Direct rollover – check issued directly from the previous retirement plan or IRA institution
- ☐ Indirect rollover – money order, certified check, or cashier's check for the amount distributed from the previous retirement plan or IRA institution (personal checks are not accepted)

Please select the previous account type:

- ☐ 401(a) plan (including 401(k), Money Purchase Plan, Profit Sharing, defined benefit, ESOP)
- ☐ Traditional IRA (including rollover and conduit IRAs)

Name of qualified plan sponsor issuing the rollover or the institution issuing the IRA distribution:

\_\_\_\_\_  
I have attached a check, money order, certified check, or cashier's check in the amount of \$ \_\_\_\_\_ made payable to:

Trustee of Loma Linda University Faculty Medical Group MERP  
For the benefit of **[your name]**

or

T. Rowe Price  
For the benefit of **[your name]**

Does the rollover include after-tax contributions?

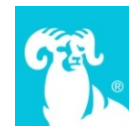
- ☐ Yes, please include the amount of after-tax contributions included in the above check amount of \$ \_\_\_\_\_.
- ☐ No

Does the rollover include Roth 401(k) contributions?

- ☐ Yes, please include the amount of Roth 401(k) contributions included in the above check amount of \$ \_\_\_\_\_, the earnings on those contributions of \$ \_\_\_\_\_, and the year of the initial Roth 401(k) contribution into the previous account \_\_\_\_\_.
- ☐ No



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### **Which Investments Do You Want Your Money Rolled Into?**

Select the investment option(s) in which you would like your rollover invested. If you would like the money invested in accordance with your investment election for new contributions, you may check the box below. A list of available investment options is included with this kit. Any rollover money you wish to invest in the plan must be allocated to one of those investment options. **The total election below must equal 100% and must match the funds available in the plan. If applicable, all sources of money (pretax, after-tax, and Roth 401(k)) will be invested based on the same instructions.**

☐ Please invest my rollover contribution according to my current investment election for new contributions.

**OR**

☐ Please invest my rollover contribution according to my election below.

**If no selection is made or the selection is not completed accurately or does not match the funds available in the plan, your funds will be allocated based on your current investment election, if applicable, or the plan's default mix allocation.**

### **Age-Based Portfolio**

To invest in one of the Retirement Funds below, your existing balance and investment mix in the Plan must be invested 100% in the same Retirement Fund. If your existing balance and investment mix are not in the Retirement Fund, you must build your own portfolio below.

	Investment Option	% of assets
<input type="checkbox"/>	T ROWE PRICE RETIRE 2005 TR A	100%
<input type="checkbox"/>	T ROWE PRICE RETIRE 2015 TR A	100%
<input type="checkbox"/>	T ROWE PRICE RETIRE 2025 TR A	100%
<input type="checkbox"/>	T ROWE PRICE RETIRE 2035 TR A	100%
<input type="checkbox"/>	T ROWE PRICE RETIRE 2045 TR A	100%
<input type="checkbox"/>	T ROWE PRICE RETIRE 2055 TR A	100%
<input type="checkbox"/>	T ROWE PRICE RETIRE BAL TR A	100%

	Investment Option	% of assets
<input type="checkbox"/>	T ROWE PRICE RETIRE 2010 TR A	100%
<input type="checkbox"/>	T ROWE PRICE RETIRE 2020 TR A	100%
<input type="checkbox"/>	T ROWE PRICE RETIRE 2030 TR A	100%
<input type="checkbox"/>	T ROWE PRICE RETIRE 2040 TR A	100%
<input type="checkbox"/>	T ROWE PRICE RETIRE 2050 TR A	100%
<input type="checkbox"/>	T ROWE PRICE RETIRE 2060 TR A	100%

**OR**

### **Build-Your-Own Portfolio**

You may also build your own portfolio by investing in any of the funds below. The total election must equal 100%.

Investment Option	% of assets	Investment Option	% of assets
AMERICAN FUNDS EUROPAC GRW R6	%	BRANDES INTL EQUITY R6	%
COHEN & STEERS INSTL REALTY	%	EAGLE LARGE CAP EQUITY	%
FIDELITY 500 INDEX FUND	%	FIDELITY TOTAL INTL INDEX FUND	%
FIDELITY TTL MKT IND FUND	%	GOLDMAN SACHS SMALL CAP VAL R6	%
HARTFORD SMALL CAP GROWTH R5	%	JPMORGAN MID CAP VALUE R6	%
PIMCO INCOME INSTL	%	PIMCO TOTAL RETURN INSTL	%
T ROWE PRICE RETIRE 2005 TR A	%	T ROWE PRICE RETIRE 2010 TR A	%
T ROWE PRICE RETIRE 2015 TR A	%	T ROWE PRICE RETIRE 2020 TR A	%
T ROWE PRICE RETIRE 2025 TR A	%	T ROWE PRICE RETIRE 2030 TR A	%
T ROWE PRICE RETIRE 2035 TR A	%	T ROWE PRICE RETIRE 2040 TR A	%
T ROWE PRICE RETIRE 2045 TR A	%	T ROWE PRICE RETIRE 2050 TR A	%
T ROWE PRICE RETIRE 2055 TR A	%	T ROWE PRICE RETIRE 2060 TR A	%
T ROWE PRICE RETIRE BAL TR A	%	T ROWE PRICE VALUE I	%
T ROWE PRICE BLUE CHIP GROWTH I	%	TRP STABLE VALUE FUND - N	%
VANGUARD INF PROTECTED SEC	%	VANGUARD MIDCAP GROWTH IND ADM	%
VANGUARD SMALL CAP INDEX INSTL	%	VANGUARD TOTAL BOND INDEX ADM	%



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**Participant Certification and Signature**

I certify that, to the best of my knowledge:

- (1) I am entitled to the distribution from the former employer plan, if applicable, as a participant (or spousal beneficiary) and not as a non-spousal beneficiary,
- (2) the distribution from the former employer plan or IRA was not one of a series of periodic payments spread over a period of at least 10 years or over the life or life expectancy of me and my beneficiary,
- (3) the distribution from the former employer plan, if applicable, was not from the proceeds of a hardship distribution,
- (4) the distribution from the former employer plan or IRA was not a required minimum distribution after age 70½,
- (5) the distribution from the former employer plan, if applicable, does not include ESOP dividends,
- (6) the distribution from the former employer plan, if applicable, does not include corrective distribution of contributions that exceed tax law limitations,
- (7) the distribution from the former employer plan, if applicable, does not include loans treated as deemed distributions,
- (8) the distribution from the former employer plan, if applicable, does not include the cost of life insurance paid by the former employer plan,
- (9) the distribution from the former employer plan, if applicable, does not include payment of certain automatic enrollment contributions requested to be withdrawn within 90 days of the first contribution,
- (10) the distribution from the former employer plan, if applicable, does not include amounts treated as distributed because of a prohibited allocation of S Corporation stock under an ESOP,
- (11) the distribution was completed within the current IRS guidelines of this rollover contribution request (only applicable for an "indirect" rollover),
- (12) the entire amount of the rollover contribution, other than any after-tax and nondeductible contributions from a former employer's plan, would be included in my income if it were not rolled over,
- (13) the former employer's plan named on the form is intended to be a qualified plan that satisfies the requirements of the Internal Revenue Code,
- (14) I am not aware of any information that would result in the disqualification of my former employer's plan,
- (15) I have confirmed the allowable sources of money in the plan (pretax, after-tax, or Roth) and that the sources of money from my previous plan or IRA are allowed within the rules of the Loma Linda University Faculty Medical Group MERP,
- (16) I will retain any and all documentation related to the distribution from the plan or IRA named above and this rollover contribution, and I will promptly provide copies to the plan administrator, its agent, and/or the IRS, upon request,
- (17) I understand that if a determination is made that the rollover was an invalid rollover, I will immediately notify the administrator of the Loma Linda University Faculty Medical Group MERP upon receipt of information regarding such determination.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant's Signature



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Please review all materials carefully, and then:

- Complete the enclosed form
- Keep a copy of the documents for your records
- Return the completed paperwork to:

**Regular Mail**

T. Rowe Price Retirement Plan Services, Inc.  
Special Attn.: Forms Enclosed  
P.O. Box 17215  
Baltimore, Maryland 21297-1215

**Overnight/Express Mail**

T. Rowe Price Retirement Plan Services, Inc.  
Mail Code: 17215  
4515 Painters Mill Road  
Owings Mills, Maryland 21117-4903



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