



Roman Catholic Archdiocese of Boston 401(k) Retirement Savings Plan ROLLOVER CONTRIBUTION FORM

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

NAME: _____ SOCIAL SECURITY NUMBER: _____

ADDRESS: _____ APT: _____

CITY: _____ STATE: _____ ZIP CODE: _____

DAY PHONE: _____ EVENING PHONE: _____

E-MAIL: _____ DATE OF BIRTH: ____/____/____

PLAN NUMBER/LOCATION/PARISH: _____

INSTRUCTIONS

- Contact your former employer, plan administrator, or financial institution to request and receive a rollover distribution check. You will need to provide the correct payee information for your rollover. The rollover check should be mailed directly to you and payable as follows:
 - Voya Institutional Trust Company for the benefit of (F.B.O.) (Your Name)
 - Obtain required documentation. Your former employer or financial institution should provide you with proof of plan qualification and taxability. Proof of plan qualification status is typically documented in a copy of the plan's IRS Letter of Determination, a signed letter from your employer or prior Plan Administrator and/or your rollover distribution statement. Proof of taxability is typically documented in your rollover distribution statement.
 - Write the last four digits of your Social Security Number on the rollover check.
 - Personal checks will not be accepted and will be returned to you.
- PLEASE NOTE: AN INCOMPLETE APPLICATION, INSUFFICIENT DOCUMENTATION, A MISSING CHECK OR A CHECK WITH INCORRECT PAYEE INFORMATION MAY RESULT IN A DELAY IN POSTING FUNDS TO YOUR ACCOUNT OR THE RETURN OF YOUR APPLICATION AND/OR CHECK.**

PROOF OF PLAN QUALIFICATION AND TAXABILITY

Plan qualification: Your rollover contribution to the Roman Catholic Archdiocese of Boston 401(k) Retirement Savings Plan must be from another qualified plan or IRA. The Roman Catholic Archdiocese of Boston 401(k) Retirement Savings Plan accepts rollover contributions from a 401(k) plan, 403(b) plan, 457(b) governmental plan, profit sharing plan, defined benefit plan or Rollover IRA. If you choose to rollover an eligible plan payment that was paid to you, it will be treated as an indirect rollover which must be completed within 60 days after you received the payment.

Important note regarding the 60-day rollovers: If a portion of the rollover is attributable to a qualified plan loan offset amount, then the deadline for rolling over that loan offset amount is the due date (including extensions) for filing the Federal income tax return for the tax year in which the plan loan offset occurs. A "qualified plan loan offset amount" is the amount by which an employee's account balance under the plan is reduced to repay a loan from the plan, and is treated as distributed from a 401(a)-qualified plan, a 403(b) plan, or a governmental 457(b) plan solely by reason of a) the termination of the plan, or b) failure to meet the repayment terms of the loan because of the employee's separation from service (whether due to layoff, cessation of business, termination of employment, or otherwise).

Note: If you are directly rolling over Roth money, we must receive cost basis and the Roth account's start date directly from your prior record keeper. Please include a copy of your rollover distribution statement from your former plan PLUS documentation providing the start date and total amount of your Roth contributions.

Taxability: You must provide documentation that details the taxability of the funds to be rolled over indicating: pre-tax, Roth.

You may need to contact your former employer, plan administrator, or financial institution to provide you with this information which must accompany this application and rollover check.

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ROLLOVER CONTRIBUTION FORM**

INVESTMENT FUND ELECTIONS (MUST TOTAL 100%)

I elect to make a rollover contribution to the Roman Catholic Archdiocese of Boston 401(k) Retirement Savings Plan in the amount of:
\$ _____

I elect to have my funds allocated to the current investment elections I have on record with the Roman Catholic Archdiocese of Boston 401(k) Retirement Savings Plan.

I elect to choose my funds below.

Note: If you do not designate fund elections or elections do not total 100%, your rollover contribution allocation will default to Target Date Funds.

Vanguard Treasury Money Market	_____ .00%	American Funds Target Retirement 2050	_____ .00%
Met West Total Return Bond	_____ .00%	American Funds Target Retirement 2055	_____ .00%
Blackrock Inflation-Protected Bond	_____ .00%	American Funds Target Retirement 2060	_____ .00%
T. Rowe Price High Yield Bond	_____ .00%	American Funds Target Retirement 2065	_____ .00%
PIMCO International Bond	_____ .00%	Ave Maria Rising Dividends	_____ .00%
Blackrock Global Allocation	_____ .00%	Vanguard Institutional Index	_____ .00%
American Funds Target Retirement 2010	_____ .00%	MFS Value	_____ .00%
American Funds Target Retirement 2015	_____ .00%	Franklin Growth	_____ .00%
American Funds Target Retirement 2020	_____ .00%	American Century Mid Cap Value	_____ .00%
American Funds Target Retirement 2025	_____ .00%	PGIM Jennison Mid-Cap Growth	_____ .00%
American Funds Target Retirement 2030	_____ .00%	Fidelity Small Cap Index	_____ .00%
American Funds Target Retirement 2035	_____ .00%	MFS International Intrinsic Value	_____ .00%
American Funds Target Retirement 2040	_____ .00%	American Funds Europacific Growth	_____ .00%
American Funds Target Retirement 2045	_____ .00%	DFA Emerging Markets	_____ .00%
		TOTAL	100%

AUTHORIZATION

I certify that the amount of my rollover contribution represents only money that is eligible to be rolled over into the Roman Catholic Archdiocese of Boston 401(k) Retirement Savings Plan. If any of the money is subsequently determined to be ineligible for rollover, I understand that the Plan will distribute the ineligible amount and any attributable earnings, if applicable.

PARTICIPANT SIGNATURE _____ **DATE** _____

If you have any questions, please go online at rcab.voya.com or call the Roman Catholic Archdiocese of Boston 401(k) Plan Retirement Service Center at 1-855-817-1664 (TTY/TTD users call 1-800-579-5708). Customer Service Associates are available Monday through Friday, 8:00 A.M. to 8:00 P.M. Eastern Time (excluding stock market holidays).

CHECKLIST

PLEASE REVIEW YOUR APPLICATION CAREFULLY.

- Completed the Personal Information section, **and**
- Contacted your former employer or financial institution, **and**
- Completed the Investment Fund Elections section, **and**
- Included your rollover check (made payable to Voya Institutional Trust Company F.B.O. (your name)), **and**
- Included proof of plan qualification documenting the source of your rollover contribution such as: 401(k), 403(b), 457 or IRA (IRS Letter of Determination, letter from plan's prior record keeper, or distribution statement), **and**
- Included proof of taxability detailing the taxability of funds to be rolled over such as: pre-tax, non-Roth, after-tax, designated Roth. (Letter from plan's prior record keeper, and/or rollover distribution statement), **and**
- Signed and dated the Rollover Contribution form

If your rollover check or any of the above required information or documentation is missing from your application, there will be a delay in processing your rollover contribution and your application and/or check may be returned to you.

If your application is complete, please mail the application and any required documentation to:

VIA MAIL

Voya Financial
Attn: Roman Catholic Archdiocese of Boston
PO Box 990071
Hartford, CT 06199

VIA OVERNIGHT DELIVERY

Voya Financial
Attn: Roman Catholic Archdiocese of Boston
One Orange Way
Windsor, CT 06095