



	Bank Number:	Social Security No.:	
ACCOUNT HOLDER Information	Name:		
	Mailing Address:	Charles	71.6.1
	City:	Business Phone:	Zip Code:
FORMER EMPLOYER	Company Name:		
	Address:		
	City, State, Zip:		Plan Account Number:
	Contact Person:	Phone Number:	
REQUIRED MINIMUM STRIBUTION RESTRCITION	RESTRICTIONS		
	If this rollover is being made in a year in which you are required to take a minimum distribution, you cannot roll over any amount that would constitute a required minimum distribution. Please check with your Plan Administrator or former Custodian for more information. Please complete form number 88-0077KC to provide instructions regarding your required minimum distribution from KeyBank.		
		This rollover should	should not be placed in a conduit IRA Plan.
CONDUIT ELECTION AND ROLLOYER CERTIFICATION	Initial I understand that if I roll over funds from a qualified retirement plan or a tax sheltered annuity into a conduit IRA, and at any time accept payments or funds from any other source into the conduit IRA, I will be unable to roll over the funds from the conduit IRA back into a qualified plan or tax sheltered annuity.		
	I understand the rules and conditions applicable to rollovers and certify that I qualify for a rollover of the funds to be accepted by KeyBank as Custodian. Due to the important tax consequences of rolling funds over to an IRA or other qualified plan, I have been advised to see a tax advisor.		
	I hereby irrevocably designate this as a rollover contribution.		
	Account Holder		Date:
ACCEPTANCE BY KEYBANK	KeyBank agrees to serve as the new Custodian for the account of the above-named individual, and as Custodian, we agree to accept the assets as specified on this form.		
	Authorized KeyBank Signature	2	Date:
Mailing Instruc	ctions		

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