

kentuckydcp.ky.gov

Kentucky Deferred Compensation, 501 High Street, 2nd Floor, Frankfort, KY 40601
Phone: 502-573-7925 • **Toll-free:** 800-542-2667 • **Fax:** 502-573-4494

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.

This form is for Direct Trustee-to-Trustee Rollovers ONLY. Indirect 60-Day Rollovers are NOT eligible.

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 401(k) 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 401(k) Account. The Authority will not receive any amount representing an inherited IRA. You cannot set up a Kentucky 401(k) Account in the name of the deceased IRA owner for your benefit. Your Kentucky 401(k) Account will be held under your name only.

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 IRA Investment Institution

Current Account Holder Name: _____

Attention: _____ Account Number: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Rollover From (select one)

- ☐ Deemed Traditional IRA ☐ Traditional IRA ☐ SEP IRA ☐ SIMPLE IRA (after 2 years)
☐ 401(k) Plan* ☐ Governmental 457(b) Plan* ☐ 403(b) Plan* ☐ Other Qualified Retirement Plan*

*To convert from this type of plan you must have sustained a qualifying benefit event.

Transfer/Rollover Amount (select one)

I wish to convert the amount indicated below to my Deemed Roth IRA administered by the Kentucky Public Employees' Deferred Compensation Authority (KPEDCA).

- ☐ Entire Account Balance
☐ Partial Account Balance in the Amount of \$ _____

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 PERCENTS 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 - Instl
	Vanguard Target Ret 2015 - Instl
	Vanguard Target Ret 2020 - Instl
	Vanguard Target Ret 2025 - Instl
	Vanguard Target Ret 2030 - Instl
	Vanguard Target Ret 2035 - Instl
	Vanguard Target Ret 2040 - Instl
	Vanguard Target Ret 2045 - Instl
	Vanguard Target Ret 2050 - Instl
	Vanguard Target Ret 2055 - Instl
	Vanguard Target Ret 2060 - Instl
	Vanguard Target Ret 2065 - Instl
	Vanguard Tot Bond Mkt - Instl

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: 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

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.

By my signature below, I certify that:

- The information provided on this form is true, complete and accurate.
- I understand I am responsible for maintaining and reporting the 5-year holding period for my Deemed 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.
- **I understand the tax consequences of conversion and that estimated tax payments and additional tax withholding may be required.**
- **This conversion is in accordance with all IRS conversion requirements.**

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.

If you have any questions, you may call the Authority at 502-573-7925 or 800-542-2667