

INCOMING ROLLOVER FORM INSTRUCTIONS

Step 1. How to complete the Incoming Rollover Form

Complete the following page; all fields must be filled accurately and in entirety. If you are unsure of the plan type you are rolling over, contact your previous Plan Sponsor or IRA custodian for verification. **ANY INACCURACIES ON THIS FORM WILL DELAY AND INVALIDATE YOUR ROLLOVER.**

Step 2. How to request and mail a rollover check

To request a direct rollover distribution check, contact your previous Plan Sponsor or IRA custodian. Instruct them to issue a check payable to:

APEX Clearing for the benefit of (Your Name from your SaveDay Account)

*** IMPORTANT *** Have them include in the memo **Your SaveDay Account Number**

Mail the incoming rollover contribution check to:

**Apex Clearing c/o BPO
2 Gateway Center
16th Floor
283-299 Market St.
Newark, NJ 07102-5005
Attn: Treasury Department**

Step 3. How to send the completed form and statement

Send this completed form, along with your most recent account statement, by mail or email to:

**SaveDay, Inc.
10816 Crown Colony Dr.
Suite 208
Austin, TX 78747**

request@saveday.com
(Subject: Incoming Rollover Form)

Questions? If you have any questions regarding the form or instructions, call us at 1-650-684-7283, Monday through Friday, 8:00 a.m. to 5:00 p.m. Central Time



This form is only used to transfer money from an existing qualified retirement account to your SaveDay 401(k) account. These accounts include accounts from an employer-sponsored plan such as a 401(k), profit-sharing, or pension plan. If you require assistance completing the form, contact SaveDay. Please note, if you have multiple accounts to rollover please use one form for each.

YOUR INFORMATION

Last Name:	First Name:	
Legal Address:		
City:	State:	Zip:
Phone:	Email:	
Current Employer:		

ACCOUNT YOU WANT TO TRANSFER

Please provide information about the account you wish to transfer to SaveDay Note: The entire account will be liquidated and transferred to SaveDay. If you would like other arrangements please contact SaveDay.		Cash Amount to Transfer
		\$
Account Number		Account Registration/Title
Social Security Number		Delivering Institution Name
Select one Plan/Account type:	<input type="radio"/> 401(k) <input type="radio"/> SEP IRA <input type="radio"/> Simple IRA <input type="radio"/> Traditional IRA <input type="radio"/> 403(b) <input type="radio"/> 457	

By signing this form, I hereby certify the following:

- I direct SaveDay and its partners and the delivering institution to act on all the instructions given on this form.
- I will rollover these funds within 60 days of the date from when I received my funds from my prior account.
- The rollover funds come from the sources mentioned above and does not include funds from sources that may disqualify it.
- No portions of these funds were received as a hardship withdrawal from another employer's plan.
- I am aware of any tax or financial implications that may arise in connection with this transfer or with the sale or liquidation of any assets prior to transfer, including penalties, fees, financial losses, or losses of product features or benefits.
- I understand that if I don't currently have a plan account an account will be established for my rollover contribution. My rollover contribution will be invested in accordance with my investment election on file.
- I authorize the delivering firm to deduct from my account any fees owed, and, if necessary, to sell assets in my account to pay those fees.

Your Signature: _____ Date: _____

