



Savings Banks Employees Retirement Association

69 Cummings Park
Woburn MA 01801

**Savings Banks Employees Retirement Association
MONEY PURCHASE PLAN ROLLOVER APPLICATION**

I (the employee named below) hereby submit the attached check for deposit into The Savings Banks Employees Retirement Association (SBERA) Money Purchase Plan and agree to be bound by the terms and provisions of the plan.

1. Employer (Bank) Name:	2. SBERA Employer (Bank) No.: (required)
3. Employee Name:	4. SBERA Certificate No.: (required)
5. Employee SSN:	6. Employee Signature: (required)

ROLLOVER ELECTION AND REQUIRED INFORMATION

In order to make a rollover contribution you must:

- Initiate a direct rollover request with the sponsor of your prior retirement plan or rollover Individual Retirement Account (IRA). The check needs to be made payable to SBERA for the benefit of the participant, and mailed directly to the participant. The participant must bring the check and this completed form to the Human Resource Department.
- Already be enrolled in the SBERA Money Purchase plan and have investment elections on file
 - If you do not have any investment election percentages on file at the time the rollover contribution is posted, your contribution will be defaulted into the Money Market Fund. You may call the Voice Access System or log onto the sbera.com website to choose investment election percentages. Rollover money is invested into your current investment percentages in the same manner as your pre-tax deferral money.
- Present to the Human Resource Representative proof that your rollover contribution is from a qualified retirement plan or IRA. Acceptable forms of proof include: account statements or written verification from the prior plan sponsor.
- Attach to this form a check from the previous plan made out to SBERA Money Purchase Plan, for your benefit. The check needs to indicate your name and social security #, and if possible, your certificate number.
- Complete this form in full and return it to your Human Resource Representative. He/She will forward the check and this form to:

SBERA
Attn: Rollover
P.O. Box 2069
Woburn, Ma 01888-0169

Rollover Contribution approved by Human Resources:

HR Rep. Signature Date

Your check cannot be deposited without proper documentation and will be returned if information is missing. Please verify all information is complete prior to forwarding to SBERA.

FOR SBERA USE ONLY:

Date rcvd at SBERA: _____ Date deposited: _____ Date Posted: _____