

# IRA Direct Rollover to QRP



Complete this form to request a direct rollover from your American Century Investments® Traditional, Rollover, SEP, SARSEP or SIMPLE IRA to a qualified retirement plan (QRP) held at another financial institution. Please note that Roth IRAs are not eligible for rollover to a QRP.

Before completing this form, please confirm the QRP will accept monies from your IRA as a direct rollover.

## 1 Provide Information About the Account Owner

\_\_\_\_\_  
First name                      Middle initial                      Last name

\_\_\_\_\_  
U.S. Social Security number                      Telephone:    ☐ Daytime    ☐ Evening    ☐ Cell

## 2 Indicate the Accounts to be Distributed

_____ Account number or Plan ID	\$ _____ Amount	OR	_____ Shares	OR	_____ Percentage	%
_____ Account number or Plan ID	\$ _____ Amount	OR	_____ Shares	OR	_____ Percentage	%
_____ Account number or Plan ID	\$ _____ Amount	OR	_____ Shares	OR	_____ Percentage	%
_____ Account number or Plan ID	\$ _____ Amount	OR	_____ Shares	OR	_____ Percentage	%

\*For SIMPLE IRAs, the two-year participation requirement must be met before requesting a direct rollover. For partial distributions from SEP, SARSEP and SIMPLE IRAs, funds will be removed on a pro-rata basis from your funds and money types unless you provide alternate instructions.

## 3 Provide Instructions for the Distribution Check

Make the check payable to:

Plan Name: \_\_\_\_\_ Account or Plan ID: \_\_\_\_\_

We will mail the check to you at your address of record unless you provide alternate mailing instructions below:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

## 4

## Provide RMD and Withholding Instructions (if applicable)

If you have reached the starting age for required minimum distributions (RMDs), complete this step. RMD funds cannot be included in your rollover to the QRP.

**Select option A or B below. If you do not select one, option B will apply.**

- ☐ **A.** Please proceed with the direct rollover without removing the RMD. I have withdrawn (or will withdraw) the American Century Investments portion of my annual RMD from an IRA at another financial institution.
- ☐ **B.** Please issue a check payable to me for my current year RMD amount (or the remaining amount, if I have already withdrawn a portion). I have provided my W-4R withholding election below.

### Withholding Instructions (for RMD only):

**Federal Tax Withholding:** Please review the enclosed [IRS Form W-4R](#) and then complete the section below. Please consult a tax advisor if you need assistance determining the federal withholding rate that is appropriate for your situation.

Your withholding rate is determined by the type of payment you will receive. For nonperiodic payments, **the default withholding rate is 10%**. You can choose to have a different rate from 0% to 100%. Generally, you can't choose less than 10% for payments to be delivered outside the United States and its possessions.

If you would like a rate of withholding that is different from the default withholding rate, complete the line below. See the instructions and the [Marginal Rate Tables](#) on the enclosed IRS Form W-4R for additional information.

**Enter the rate as a whole number (no decimals) \_\_\_\_\_% (If left blank, 10% will be withheld)**

**State Tax Withholding:** State tax will be withheld according to state regulations if, at the time of your withdrawal, your tax residency is within one of the mandatory withholding states.

## 5

## Provide Your Signature

By signing this form, I certify that:

- I intend to roll over my IRA assets to the qualified retirement plan (QRP) designated above.
- I have confirmed that the QRP will accept the IRA monies as a direct rollover.
- I understand that American Century Services, LLC (American Century) will code the distribution as a direct rollover, distribute the RMD to me if applicable (unless I have elected not to have the RMD paid to me), and generate an IRS Form 1099-R to me and the IRS by January 31 of the year following the year in which the direct rollover was completed.
- I understand that American Century will have no responsibility for any tax consequences that occur if the monies are ineligible for rollover and/or the QRP rejects the direct rollover. I also agree to defend, hold harmless and indemnify American Century and its officers, agents, employees, affiliates and successors from liability for any loss, claim or expense that I may sustain as a result of their acting on my instructions contained in this form.
- I have received, read and understand the *IRS Form W-4R* that was provided to me with this distribution form, and my withholding election is based on the W-4R form's instructions and Marginal Rate Tables. I have independently verified that the W-4R form I received is the most current IRS version available. My signature and date on this distribution form also serves as my W-4R form withholding election signature.



Signature \_\_\_\_\_

Date signed \_\_\_\_\_

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### Individual Investors

P.O. Box 419200  
Kansas City, MO 64141-6200  
Phone: 1-800-345-2021  
Fax: 1-888-327-1998

### Investors Using Advisors

P.O. Box 419786  
Kansas City, MO 64141-6786  
Phone: 1-800-378-9878  
Fax: 1-888-327-2013

### Business Retirement Investors

P.O. Box 419385  
Kansas City, MO 64141-6385  
Phone: 1-800-345-3533  
Fax: 1-888-327-1997