



Note: Contact your prior retirement plan provider to initiate your rollover distribution to The Standard. Provide a copy of your most recent statement from your prior plan provider. See reverse for instructions on completing this form

PARTICIPANT INFORMATION

Form with fields for PARTICIPANT NAME, SOCIAL SECURITY NUMBER, EMAIL ADDRESS, and DAYTIME PHONE NUMBER.

ROLLOVER CONTRIBUTION INFORMATION

Form with text instructions and checkboxes for rollover type (Qualified retirement plan, 403(b) plan, etc.) and Roth account information.

PARTICIPANT'S SIGNATURE

I hereby certify to the best of my knowledge that the rollover contribution made to this plan is eligible for rollover. This includes, but is not limited to certifying the distribution did not come from a beneficiary account, was not a required minimum distribution and was not one of a series of periodic payments.

Form with fields for PARTICIPANT SIGNATURE and DATE.

AUTHORIZED SIGNER ACCEPTANCE (To be completed by your Plan Administrator)

As an authorized representative of the Aegis Senior Communities, LLC 401(k) Plan, I certify I have investigated the rollover requested. I certify that the rollover information provided is true and correct and that I am an authorized representative of the retirement plan.

As The Standard is designated as the Manager of the Approval Process (MAP), you DO NOT need to sign this form. By signing this authorization request, you will be responsible for the oversight and authorization of this transaction.

Form with fields for NAME AND TITLE, SIGNATURE, and DATE.

INSTRUCTIONS FOR SUBMITTING FORM

Send a copy of your most recent statement from your prior provider and this form by email, fax or mail.

Email to: Rolloverforms@standard.com or Fax to: 971.321.7998

or Mail to: Standard Retirement Services, Inc., 1100 SW 6th Avenue P8 Portland, OR 97204-1020

Attention: Plan No.: 813672 Plan Name: Aegis Senior Communities, LLC 401(k) Plan

PAYEE AND MAILING INSTRUCTIONS

The check from your prior provider must be made payable to the custodian as listed below. If the check is payable to you, please endorse as : Payable to (Custodian listed below).

Reliance Trust Company FBO: (Participant's Name) Custodian Account No. 0155897804 Mail Stop 579 PO Box 5396 Carol Stream, IL, 60197-5396

Complete the application by following the steps below. If you have any questions, please call a customer service representative at 800.858.5420 for assistance.

- o **Contact your prior retirement plan provider to initiate your rollover distribution to The Standard**
- o Complete the **Participant Information** section on the form with your current information
- o Complete **Rollover Contribution Information** Section- see below
- o **Participant's Signature:** Sign and date the form
- o After completing the above sections on this form, have your current Plan Administrator fill out the **Authorized Signer Acceptance** section
- o Submit the completed Application for Rollover form by email, fax or mail. Include a copy of your most recent statement from your prior plan provider. See the instructions on the front side of the form. **Please do not submit duplicate requests.**

ROLLOVER CONTRIBUTION INFORMATION

Please fill in the following information so The Standard can accept and process your rollover funds.

This information can be found by contacting your prior retirement plan service provider or by looking at your prior plan statements.

- Name of distributing plan or IRA custodian. Provide the name of the custodian that is currently holding your funds.
- Check the type of plan the rollover funds are coming from. The funds may be from a qualified retirement plan, a tax-sheltered annuity (403b) plan, a governmental (457) plan, or an IRA.

ROTH Funds Only:

- If you have Roth funds in your prior plan complete the Roth section on the form
- Provide the following: the date of your first contribution into your Roth plan, the total Roth contributions and the total earnings on the Roth contributions.

Please note: *The plan administrator reserves the right to require reasonable evidence that your distribution is from a source allowed by the plan.*

AUTHORIZED SIGNER ACCEPTANCE (To be completed by your Plan Administrator)

- Review your Plan Document to ensure the requested rollover can be accepted. More detailed instructions may be found in the Administration Guide available on our PlanNet® website.
- If the rollover request is acceptable, sign and date the form in the Authorized Signer Box.
- Please provide a copy of the completed form to the employee.
- Email, Fax, or mail a completed copy to The Standard. See front of form for information.

PLEASE NOTE:

- If the distribution check was made payable to you, the rollover funds and a check for any taxes withheld from your eligible distribution, must be received by The Standard within 60 days of the date on the distribution check.
- Certain types of distributions are not eligible for rollover, including: required minimum distributions (on or after age 70 ½), non-taxable payments (after-tax contributions) from IRAs, Roth IRAs, periodic payments for your life or for a period of 10 years or more and hardship withdrawals.
- A rollover check that is received at The Standard will be returned if a completed Application for Rollover is not received within 30 business days.