

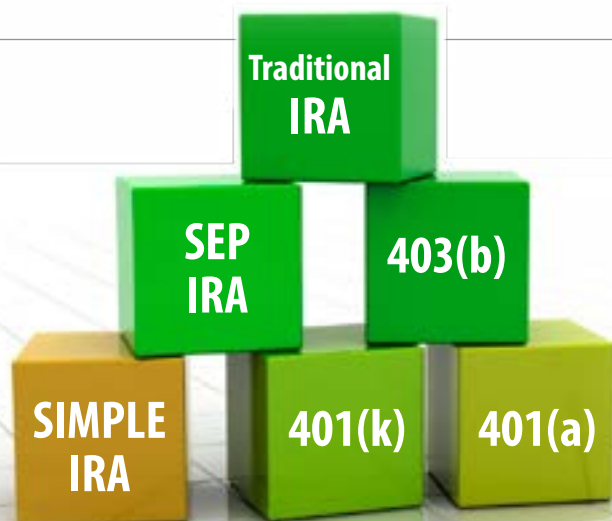


Roll Over to the Fund

Whatever your age, length of Y service, hours worked, or eligibility in the Retirement Plan, if you currently work for a Y, you can roll over qualified retirement savings into a Rollover Account in the YMCA Retirement Fund's Savings Plan.

Benefits of Rolling Over Qualified Retirement Savings

- 1 SAFE AND SECURE CHOICE**
Your balance will only grow while it's here at the Fund since it is shielded from the volatility of the market. The interest credited to your Rollover Account is the same as all other accounts at the Fund.
- 2 CONSOLIDATE YOUR SAVINGS**
Managing various accounts with different financial institutions can be cumbersome. Consolidating your multiple plans into one account is convenient and easy to manage with the Fund.
- 3 ACCESS YOUR MONEY**
You may withdraw your account at any time. However, unless you roll this money over to an IRA or eligible employer plan, you will be taxed on your withdrawal and if you are under age 59½, you may also be subject to an additional 10% early withdrawal tax.
- 4 BORROW FROM YOURSELF**
While you are working for the Y, you can borrow from your accounts in the Savings Plan. For more information, visit our website at www.yretirement.org.
- 5 A GREAT ANNUITY**
Upon retirement, the Fund can convert those account balances to a lifetime annuity at a rate typically higher than a commercial institution. Rollovers with the Fund for ten years or more will be annuitized at the current rate when you begin receiving your annuity. Rollovers that have been with the Fund for less than ten years will be annuitized at a lower rate.



What types of accounts can I roll over?

For a full listing of the specific accounts that are accepted, please see the accompanying *Rollover Authorization* form on page 2. Rollovers of after-tax contributions from an eligible retirement plan are accepted, but not Roth IRAs.

In general, you may only roll over money that is in your name. However, if you are a surviving spouse and you receive a taxable distribution from your deceased spouse's pension plan, you may also roll it over.

Your Accounts are welcomed here. To begin the process, complete the *Rollover Authorization* on page 2.

ROLLOVER AUTHORIZATION

SEND A COPY of this form to the YMCA Retirement Fund and one to your former employer's plan administrator/IRA custodian.

We recommend that you contact your former employer's plan administrator/IRA custodian to find out what additional steps they require to roll over your account. They may ask you to complete additional paperwork.

In order to roll money over, you must be a current Y employee. The YMCA Retirement Fund reserves the right to refuse a rollover request if it determines that the transferring plan is not qualified.

STEP 1. Indicate the Account You Wish to Roll Over

The following plans and IRAs are qualified. Please indicate which one you elect to roll over:

- Qualified employer pension plan under Internal Revenue Code Section 401(a), 401(k), 403(a)
- Qualified employer tax-sheltered annuity plan under Internal Revenue Code Section 403(b)
- Deferred compensation governmental plans under Internal Revenue Code Section 457(b)
- Traditional IRA under Internal Revenue Code Section 408
- SEP IRA under Internal Revenue Code Section 408(k)
- SIMPLE IRA plan under Internal Revenue Code Section 408(p) established at least two years ago by the employer

STEP 2. Indicate the Financial Institution that is Currently Holding Your Account

The plan administrator/IRA custodian you name below is the institution currently holding your account. Do not provide your own contact information, or the Fund's, in this section.

Name of Financial Institution	Your Account Number	Telephone
Street Address	City	State
		Zip

To the plan administrator/IRA custodian: Please make a check payable to the YMCA Retirement Fund for \$_____ (specific amount, percentage, or all) and send it to the YMCA Retirement Fund, 120 Broadway, New York, NY 10271-1999. Upon receipt of this form, the Fund will send confirmation along with a *Rollover Certification Form*. If the distribution includes after-tax contributions and you do not indicate the amount on the *Rollover Certification Form*, the entire distribution will be treated as taxable.

STEP 3. Authorization

Please provide your personal information in this section and sign to authorize the rollover.

<input type="checkbox"/> Mr	<input type="checkbox"/> Ms			
<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss			
First Name	Middle	Last		
<input type="checkbox"/> Male	<input type="checkbox"/> Single	<input type="checkbox"/> Divorced		
<input type="checkbox"/> Female	<input type="checkbox"/> Married	<input type="checkbox"/> Widowed		
Date of Birth ____/____/____		<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> - <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> - <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>		
		(mm/dd/yyyy) Social Security Number		
Home Street Address	City	State	Zip	
Telephone	Email			
Name of your YMCA	City	State	Date of Hire (mm/dd/yyyy)	

I hereby authorize this rollover to the YMCA Retirement Fund's Tax-Deferred Savings Plan ("Savings Plan") and certify the above information is correct. I will indemnify and hold the YMCA Retirement Fund harmless from any liability which may arise from this rollover. I understand the amounts transferred to the YMCA Retirement Fund will be subject to the terms and conditions of the Savings Plan.

YOUR SIGNATURE

Date (mm/dd/yyyy)	
Please tell us how you learned about the advantages of a Rollover Account: <input type="checkbox"/> Email from the Fund <input type="checkbox"/> Fund Website <input type="checkbox"/> Fund Facebook Page <input type="checkbox"/> Fund Presentation	
<input type="checkbox"/> Benefits Statement <input type="checkbox"/> YMCA HR Department/Leadership Staff at the Y <input type="checkbox"/> Fund Customer Service Representative <input type="checkbox"/> Other	

PLEASE MAIL OR FAX THIS FORM TO THE FUND

