



Rollover Valet™ Request Form

Complete this form if you would like to consolidate your other retirement accounts into your new 401(k) account. Please be sure to enroll either online (www.perfect401k.com) or by completing the hard copy Enrollment forms.

Full Name: _____ Employer Name: _____
Phone Number: _____ Personal Email: _____

**For ROTH Accounts ONLY:
(Required)**

Has your Roth account been open for more or less than 5 years?

More than 5 years

Less than 5 years

**For ROTH Accounts ONLY:
Please answer the following*:**

Date of 1st Roth deferral: _____
(Approx)

Amount of Roth deferrals: _____
(Amt withheld, excl. earnings)

**For Roth accounts held for less than 5 years, earnings may still be considered taxable. The above information will be used to establish your tax liability (if any) and may also help prevent the possibility of your account being over-taxed, in the event of a distribution.*

ROLLOVER FUNDS FROM AN OUTSIDE RETIREMENT ACCOUNT

STEP 1:

- For Employer-Sponsored Retirement Plan Rollovers (ex: 401k): Contact your previous employer and inform them that you wish to rollover your account into your new employer's 401(k) plan.
- For IRA Rollovers: Contact the customer service department of your rollover IRA custodian (ie: Bank, Mutual Fund company, Insurance Company, Brokerage Firm, Credit Union, etc.).

STEP 2: Initiate the distribution from that account (by going online, obtaining a form, calling, ect.) and provide them with the information below regarding how the check should be made payable and where it should be mailed.

STEP 3: Complete and return this form to Everington **with a recent statement attached** for each retirement account that you wish to rollover (via email, fax, etc). If you have questions or need assistance, please contact us using the information listed below.

MAKE CHECK PAYABLE TO:

Charles Schwab Bank, Acct #*: _____

FBO: _____ 401(k) Plan

FCC: _____

MAIL CHECK TO:

EVERINGTON COMPANIES
Attn: Schwab Bank Rollovers
14325 Willard Rd, Suite 104
Chantilly, VA 20151

**If the CSTC # is not pre-filled, then leave it blank or contact your representative.*

Note: FBO & FCC are optional but strongly encouraged, as these fields clarify ownership.

Have Questions or Need Assistance? Contact Us:

Your Plan Representative's Name is:

Email: _____ | Phone: (877) 836-1993 ext: _____ | Fax: (703) 774-3222