Incoming Rollover Kit

Please review this information carefully before you begin.

What's included in this kit:

- **Incoming Rollover Form** (Rollover Form).

What you need to do:

- ❑ **You must be enrolled in the plan represented on this Rollover Form prior to completing this form.** If you are not enrolled in the plan, this form will not be processed and any assets received will be returned to the payor.
- ❑ **Make sure you use the Rollover Form** for the plan you intend to move assets into.
- ❑ **Complete all pages of the Rollover Form.** Make sure all nine digits of your U.S. Social Security number (SSN)/U.S. Taxpayer Identification number (TIN) are entered on the first page of the Rollover Form and the last four digits are entered at the top of the other pages. Remember to keep a copy of the Rollover Form and all required documentation for your records.
- ❑ **Attach the required documentation** outlined on the Rollover Form. **If any documentation or signatures are missing or if the information requested is not completely filled out,** your request will not be processed. The Rollover Form will be returned to you.
- ❑ **Correcting mistakes -** Any changes to the Rollover Form must be crossed out and initialed. White-out corrections are not acceptable. If you do not initial all changes, the form may be returned for verification or we may require a new form.
- ❑ **If you do not currently have the assets in your possession, you will need to contact the provider** that has the IRA or qualified plan that you are moving to us to see what their requirements are to move the assets and to initiate the distribution. If you would like assistance with contacting the other provider, call one of our dedicated specialists at 1-888-737-4480.
- ❑ **An election to roll over to this plan from another plan or IRA may result in significant tax consequences to you.** Review decisions related to your qualified plan distribution with your financial or tax advisor. You are responsible for any income tax or penalties for the election made on this Rollover Form.
- ❑ **Make sure you signed this** Rollover Form before sending it to us.
- ❑ **See *Verify and send* section for return instructions. Return all pages that include a bar code and the supporting documentation requested in Step 4.**  

What you need to know:

- **Movement of assets between Empower plans requires appropriate forms and documentation for both plans.** If you do not provide the appropriate forms and documentation for both plans, the form(s) we receive will not be processed and will be returned to you.
- **If any documentation or signatures are missing or if the information requested is not completely filled out,** your request will not be processed. The Rollover Form will be returned to you.
- **If you do not have a current investment allocation on file,** we will allocate the assets to the default investment options selected by your plan. If no default investment option is selected, the funds will be returned to the payor.
- **You must rollover your entire gross distribution (including any income tax withholding if applicable).** If you roll over less than your gross distribution, the amount not rolled over will be subject to income tax and may be subject to excise tax.

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- **Money that cannot be rolled over:**
  1. Required minimum distributions *(amount being paid to you because you are over the required age to begin mandatory distributions)*.
  2. Any portion or all of a series of periodic installment payments *(made at least annually)* and paid to you over your life expectancy or for a period of at least 10 years.
  3. Hardship or unforeseeable emergency withdrawals.
  4. Excess contributions.
  5. Roth IRA assets.
  6. Inherited assets received by a non-spousal beneficiary.
  7. Active loans that have not been offset.
  8. Withdrawals taken for reasons of: 1) qualified birth or adoption; 2) domestic abuse victim; 3) qualified disaster recovery; or 4) emergency personal expense withdrawal. *(Not applicable to the repayment amounts of these withdrawals.)*
- **For a direct rollover from an IRA,** note that the maximum amount eligible for rollover is the total amount of your taxable IRA contributions plus earnings. **Non-taxable IRA contributions cannot be rolled over**. If your rollover amount was held in a conduit IRA, and you were born before January 1, 1936, you may be eligible for capital gains treatment. In this instance, you may want to track these rollover amounts in order to be eligible for favorable tax treatment. If the amount is from a SIMPLE IRA, you would have had to participate in the SIMPLE IRA for a minimum of two years.
- **In the event that a rollover contribution is made that cannot be accepted,** the rollover contribution will be made payable and returned to the issuer. Please contact a dedicated specialist at 1-888-737-4480, if you have questions about your incoming roll over options for this plan.
- **If your are making a regular 60-day rollover under Federal Regulations,** you have 60 (sixty) days from the date you receive your distribution to make a rollover contribution. It is your responsibility to ensure we receive all required documentation **AND** your rollover contribution prior to the expiration of the 60-day period.
- **If it is after the 60-day period,** we can only accept a rollover on behalf of the plan if you certify a reason for late contribution or if you indirectly roll over a loan offset amount prior to your tax filing deadline. You will be responsible for any income tax or tax penalties for failure to meet the 60-day rule for rollover contributions when information is not provided and the rollover contribution is not made within the 60-day period. If you provide a reason for late contribution, you are responsible for maintaining the documentation.

What to expect:

- **For security purposes, the Rollover Form cannot be used for address changes.** Please log in to your account, click your name in the top right corner of the homepage and verify your home mailing address.
- **Still have questions?** Call our Rollover Services Team at 1-888-737-4480.

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Plan name: Caliber Holdings 401(k) Plan
Plan number: 583012-01

Incoming Rollover Form

Use this form to request a rollover from an IRA or a qualified plan to Empower.

- Questions on this form? Call our Rollover Services Team at 1-888-737-4480.

Step 1: Your information

Print in block letters in black or blue ink. Do not write outside the boxes. All requested personal information is required to be completed.

First name | MI | Last name (Entire name must match the name on file.)

U.S. Social Security number/ U.S. Taxpayer Identification number | Date of birth (mm/dd/yyyy) | Daytime telephone number

Email address

Step 2: Rollover instructions

Amount of rollover:	$,, . Enter approximate amount if exact amount is not known.

I am choosing:

❑ A direct rollover from a:

- ❑ Qualified 401(a) (Pension plan, profit sharing, money purchase, defined benefit or ESOP plan).

Last 4 digits of SSN/TIN

- ❑ Qualified 401(k) plan (Profit sharing, money purchase, safe harbor or Thrift Savings plan).
  - ❑ Non-Roth
    - ❑ Pretax amount: $, , .
      All contributions and earnings, excluding Roth contributions and earnings.
    - ❑ After-tax amount: $, , .
  - ❑ Roth (employee contributions and earnings)
    $, , .
- ❑ 403(b) plan (Tax sheltered annuity or tax deferred annuity).
  - ❑ Non-Roth
    - ❑ Pretax amount: $, , .
      All contributions and earnings, excluding Roth contributions and earnings.
    - ❑ After-tax amount: $, , .
  - ❑ Roth (employee contributions and earnings)
    $, , .
- ❑ Governmental 457(b) plan (Deferred compensation).
  - ❑ Non-Roth
    - ❑ Pretax amount: $, , .
      All contributions and earnings, excluding Roth contributions and earnings.
    - ❑ After-tax amount: $, , .
  - ❑ Roth (employee contributions and earnings)
    $, , .

Last 4 digits of SSN/TIN

❑ IRA (Only pretax amounts may be rolled over.)

❑ Check here if you are rolling your money from a terminated SIMPLE IRA within the first 2 years of participation. You understand that this rollover money will be restricted like employee deferral money for distribution purposes. If you do not check this box, we assume you are not rolling in money from terminated SIMPLE IRA within the first 2 years of participation.

Instructions and authorization from the Owner/Account holder to current trustee or custodian

As owner of the account referenced below, I hereby authorize you, _____ *enter company name* to liquidate:

❑ 100% - Approximate amount: $, , .

OR

❑ Part: $, , . of my account and transfer the proceeds to my new employer sponsored plan:

❑ Immediately.

OR

❑ At maturity, if applicable.

❑ An indirect 60-day rollover from a (if an exception(s) applies, please indicate reason(s) for late contribution type below the plan type):

NOTE: Only Roth earnings can be indirectly rolled over. Roth contributions cannot be indirectly rolled over. If Roth contributions are received as an indirect rollover, they will be returned to you.

❑ Qualified 401(a) (Pension plan, profit sharing, money purchase, defined benefit or ESOP plan).

❑ Qualified 401(k) plan. (Profit sharing, money purchase, safe harbor or Thrift Savings plan).

❑ Non-Roth

❑ Pretax amount: $, , .

All contributions and earnings, excluding Roth earnings.

❑ After-tax amount: $, , .

❑ Roth (employee earnings)

$, , .

Last 4 digits of SSN/TIN

❑ 403(b) plan (Tax sheltered annuity or tax deferred annuity).

❑ Non-Roth

❑ Pretax amount: $, , .

All contributions and earnings, excluding Roth earnings.

❑ After-tax amount: $, , .

❑ Roth (employee earnings)

$, , .

❑ Governmental 457(b) plan (Deferred compensation).

❑ Non-Roth

❑ Pretax amount: $, , .

All contributions and earnings, excluding Roth earnings.

❑ After-tax amount: $, , .

❑ Roth (employee earnings)

$, , .

❑ IRA (Only pretax amounts may be rolled over.)

Instructions and authorization from the Owner/Account holder to current trustee or custodian

As owner of the account referenced below, I hereby authorize you, _____ *enter company name* to liquidate:

❑ 100% - Approximate amount: $, , .

OR

❑ Part: $, , . of my account and transfer the proceeds to my new employer sponsored plan:

❑ Immediately.

OR

❑ At maturity, if applicable.

❑ An indirect rollover of a loan offset (401(a), 401(k), 403(b) or Governmental 457(b) plan). May be indirectly rolled over prior to your tax filing deadline for the year in which the loan was offset.

Last 4 digits of SSN/TIN

Reasons for late contribution	
My indirect rollover is outside of the 60-day limit for depositing the money after receiving the distribution. I intended to make an indirect rollover within the 60 days but was unable to do so for the following reason(s). Check all that apply:	
❑	An error was committed by the financial institution making the distribution or receiving the contribution.
❑	The distribution was in the form of a check, and the check was misplaced and never cashed.
❑	The distribution was deposited into and remained in an account I mistakenly thought was a retirement plan or IRA.
❑	My principal residence was severely damaged.
❑	One of my family members died.
❑	I, or one of my family members was seriously ill.
❑	I was incarcerated.
❑	Restrictions were imposed by a foreign country.
❑	A postal error occurred.
❑	The distribution was made on account of an IRS levy, and the proceeds of the levy have been returned to me.
❑	The party making the distribution delayed providing information that the receiving plan or IRA required to complete the rollover despite my reasonable efforts to obtain the information.

Step 3: Previous provider (recordkeeper) information

Name of previous provider (recordkeeper):	Name of provider (recordkeeper) Address City State ZIP code Account number Fax number

Last 4 digits of SSN/TIN

Step 4: Required documentation

Please provide a copy of the most recent account statement if you are requesting:

- A direct or indirect rollover from:
  - An IRA.
  - An employer sponsored plan.

The account statement must include the Internal Revenue Code (Code) plan type, plan name, the cost basis of any after-tax contributions, and if applicable, the amount of the indirect rollover attributable to loan offset (including the cost basis of any loan offset amounts). Also, provide the Roth first contribution date and Roth contribution and earnings amounts, if applicable.

If you have already received a distribution check, a copy of the original distribution check stub must be attached.

If you are requesting any of the above transactions except a direct or indirect rollover from an IRA, and you do not have the information needed on the statement, please have your previous plan administrator complete the applicable fields below. Also, provide the signature of the previous employer as plan administrator.

The name of the distributing plan is _____
(hereinafter referred to as the "plan"). The plan administrator of the plan certifies to the best of their knowledge that:

(1)	The plan is designated or intended to be tax qualified under the Code and meets the requirements of a: ❑ Qualified 401(a) plan. ❑ Qualified 401(k) plan. ❑ 403(b) plan. ❑ 457(b) governmental plan.
(2)	Amount of loan offset *(report cost basis information in the fields below)*: $ ___,___,___.___
(3)	Employer/employee pretax contributions and earnings: $ ___,___,___.___
(4)	After-tax contributions: $ ___,___,___.___ After-tax cost basis: $ ___,___,___.___ After-tax earnings: $ ___,___,___.___ 12/31/86 after-tax cost basis: $ ___,___,___.___ All amounts will be considered employee pretax contributions and earnings if this section is not completed.

Last 4 digits of SSN/TIN

(5)	For rollovers from designated Roth account: Roth first contribution date (mm/dd/yyyy): Roth contributions (no earnings): $, , . Roth earnings: $, , . **Note:** If your rollover money has been identified as Roth monies, and this requested information is not provided, it will be deposited as Roth earnings and not as contributions. In addition, if the Roth contribution date is not provided, we will use current date as the Roth first contribution date.
(6)	For in-plan Roth transfers/rollovers: Roth recapture amount: $, , . Roth recapture date (mm/dd/yyyy): Roth contributions (no earnings): $, , . Roth earnings: $, , .
(7)	I am authorized to sign as plan administrator of the previous employer. By signing this form, I have confirmed and agree to all of the information provided above. Signature of Plan Administrator: Print full name of Plan Administrator: Title: Company name: Signature date (mm/dd/yyyy) Telephone number Email address:

Last 4 digits of SSN/TIN

Step 5: Participant acknowledgments

CapFinancial Partners, LLC - If you have elected to have your account professionally managed by CapFinancial Partners, LLC and this form is submitted, your rollover will be invested according to your current investment allocation on file.

General information - Only certain types of withdrawals are eligible for rollover treatment, and that is solely your responsibility to ensure such eligibility. By signing below, you affirm that the funds you are rolling over are in fact eligible for such treatment.

You authorize these funds to be rolled over into your employer's plan and to be invested according to your current investment allocation on file. **All funds rolled into the Caliber Holdings 401(k) Plan are subject to the terms of the Caliber Holdings 401(k) Plan.**

If you do not have a current investment allocation on file, we will allocate the assets to the default investment options selected by your plan. If no default investment option is selected, the funds will be returned to the payor.

You acknowledge and agree that if the former asset custodian remits additional residual amounts related to this transaction, such assets will be allocated to your current investment allocation on file. If your initial assets are received more than one year after we reviewed and approved this Rollover Form, we will require that you submit a new Rollover Form for review and approval.

You must call us at 1-888-737-4480 or access your account at **empower.com/caliber** in order to make changes or transfer monies from the default investment option(s). The assets will be processed on the date that both the form and the assets are received in good order. This completed form must be received by us at the address below. Assets will not be invested until after approval is granted. Forms and documentation received after market close will be reviewed for approval the following business day.

The current provider may require that you furnish additional information before processing the transaction requested on this Rollover Form. We are not responsible for determining the status of any transactions you have requested. It is entirely your responsibility to provide the current provider with any information that they may require, and/or to notify us of any information that the current provider may wish to obtain in order to effect the transaction.

Withdrawal restrictions - The Internal Revenue Code and/or your employer's plan document may impose restrictions on rollovers and/or distributions. I understand that I must contact the current provider or plan administrator, if applicable, to determine when and/or under what circumstances I am eligible to receive distributions or to make rollovers.

Account corrections - It is your obligation to review all confirmations and quarterly statements for discrepancies or errors. You understand that you are responsible for promptly communicating any errors for correction to us.

Outstanding loan balance - An outstanding loan balance cannot be included in the transaction requested on this Rollover Form. However, you may pay off the outstanding loan balance before this Rollover Form is submitted. After the loan is paid off, you may submit this Rollover Form. If you do not pay off the outstanding loan balance, you may rollover the amount of the loan offset from the plan prior to your tax filing deadline. Consult a tax advisor with questions.

Last 4 digits of SSN/TIN

Certification for late rollover contribution - Pursuant to Internal Revenue Service *Procedure 2016-47*, you certify that your indirect contribution which you have described on this form missed the 60-day rollover deadline for the reason(s) you selected. You are making this contribution as soon as possible after the reason(s) you indicated no longer prevent you from making the contribution. You understand that this certification concerns only the 60-day requirement for an indirect rollover and that, to complete the indirect rollover, you must comply with all other tax law requirements for a valid rollover and with our rollover procedures.

Pursuant to Revenue *Procedure 2016-47*, unless we have actual knowledge to the contrary, we may rely on this certification to show that you have satisfied the conditions for a waiver of the 60-day rollover requirements for the amount identified on this form. We may not rely on this certification in determining whether the contribution satisfies other requirements for a valid rollover.

You declare that the representations made with respect to your certification for late rollover contribution on this Rollover Form are true. The IRS has not previously denied a request for a waiver of the 60-day rollover requirements with respect to a rollover of all or part of the distribution to which this contribution relates. You understand that in the event you are audited, and the IRS does NOT grant a waiver for this contribution, you may be subject to income and excise taxes, interest and penalties. If the contribution is made to an IRA, you understand we will be required to report the contribution to the IRS. You also understand that you should retain a copy of this signed certification with your tax records.

Last 4 digits of SSN/TIN

Step 6: Signatures and consent

My consent

My signature indicates that I have read, understand the effect of my election and agree to all pages of this Rollover Form. I affirm that all information is true and correct.

If a rollover is requested, I certify that:

1) The distribution was not a: series of periodic installment payments, required minimum distribution, hardship or unforeseeable emergency distribution, excess contribution(s), Roth IRA assets or taken for reasons of: 1) qualified birth or adoption; 2) domestic abuse victim; 3) qualified disaster recovery; or 4) Emergency personal expense withdrawal *(not applicable to the repayment amounts of these withdrawals)*.
2) If an indirect 60-day rollover, the rollover contribution is being made to the plan within 60 days from the date I received my distribution.
3) Any indirect rollover of a loan offset from a prior employer plan at the point of my separation or the plan's termination is being made to the plan prior to my tax filing deadline (including extensions) for the year in which the loan was offset.
4) The entire rollover amount (including an indirect rollover of a loan offset, if applicable) that is being rolled over would be included in my income if it were not being rolled over.
5) The entire amount (including an indirect rollover of a loan offset, if applicable) is being rolled over from an "eligible retirement plan" within the meaning of Code Section 402.

I am encouraged to discuss rolling over money from one account to another with my financial advisor/planner and to consider any potential fees and/or limitations of available investment options.

I understand that an election to roll over to this plan from another plan or IRA may result in significant tax consequences to me. I am responsible for any income tax or penalties for the election I made on this Rollover Form. I acknowledge that you have not provided me with any tax or investment advice. I acknowledge that if I need financial or tax advice related to this transaction, it is my responsibility to consult with my personal financial and/or tax advisor.

Any person who presents a false or fraudulent claim is subject to criminal and civil penalties.

My signature

An original, handwritten signature is required on this form.

Signature date **(Required)**

(mm/dd/yyyy)

Verify and send

Make sure that you have completed each step, and send your request following the instructions below.

If you have already contacted your previous provider (recordkeeper) to initiate your transaction OR if you have already received the distribution, you should send **the payment with the form and the documentation** following these instructions:

If you have already received the check, and it has NOT been cashed:	**Endorse the check to:** Empower Trust Company, LLC
If you have already received the check, and it has been cashed:	**Consider sending in a cashier's check or certified check made payable to:** Empower Trust Company, LLC
Include on the check:	Your name, Individual ID number *(found on your statement)*, Caliber Holdings 401(k) Plan and 583012-01.
Regular Mail:	Empower Trust Company, LLC PO Box 561606 Denver, CO 80256-1606
Express Mail:	US BANK 10035 East 40th Avenue Suite 100 Attn Lockbox 561606 DN-CO-OCLB DENVER, CO 80238

If you have NOT already contacted your previous provider (recordkeeper) to initiate your transaction OR if you have NOT already received the distribution, you should send **the form and documentation only** following these instructions:

Electronically:	Log into your account at **empower.com/caliber** and click *Account* at the top of the page and then select *Overview* from the drop-down menu. From the left navigation menu, select *Upload documents*.
Regular Mail:	Empower, PO Box 56025, Boston, MA 02205-6025
Express Mail:	Empower, 8515 E. Orchard Road, Greenwood Village, CO 80111

After your request has been received and processed, we will contact you to initiate your distribution from the other provider (recordkeeper).

If you are sending the payment only via wire (form must be sent to us prior to us receiving the wire):

Wire instructions: *(If using wire instructions, form should be sent prior to the wire using one of the methods above.)*	**Bank:** US BANK **Account of:** Empower Trust Company, LLC (FBO Retirement Plans) **Account Number:** 103700316211 **Routing transit number:** 102000021 **Attention:** Financial Control **Reference:** Your name, Social Security number, Caliber Holdings 401(k) Plan and 583012-01.

Contact information:

Online	empower.com/caliber
By phone	1-844-411-4015 (1-844-411-401K) weekdays from 8 a.m. to 10 p.m. Eastern time 1-303-737-7249 from outside the U.S. TTY number 1-800-766-4952

Securities, when presented, are offered and/or distributed by Empower Financial Services, Inc. (EFSI), Member FINRA/SIPC. EFSI is an affiliate of Empower Retirement, LLC; Empower Funds, Inc.; and registered investment adviser Empower Advisory Group, LLC. This material is for informational purposes only and is not intended to provide investment, legal or tax recommendations or advice.

Acceptance of assets - to the sending Custodian/Trustee

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This page should be completed by Empower in certain scenarios, when it is appropriate. Not all rollovers will require a Letter of Acceptance. This will only be completed for those that require it. **NOTE: This should NOT be completed by the participant.**

Participant's name:_____

Receiving Plan name: Caliber Holdings 401(k) Plan

Receiving Plan number: 583012-01

Last 4 digits of the Participant's Social Security number:_____

Prior provider policy/account number:_____

To whom it may concern:

Empower and its affiliates Empower Retirement, LLC. provide recordkeeping and assets custody services to the employer sponsored retirement plan referenced on the attached Incoming Rollover Form. The plan's records reflect a beneficial account for the participant requesting a rollover of assets from your institution into the plan account.

At the direction of the employer sponsoring the plan, Empower Retirement, LLC. agrees to accept the assets from the sending institution and allocate them to the participant's beneficial account under the plan in accordance with the applicable provisions of the Internal Revenue Code.

Authorized signature
Empower Retirement, LLC.

Date (mm/dd/yyyy)

Empower Retirement, LLC. internal event ID: _____

On behalf of the plan and the participant, we ask that you please complete this requested transaction, as soon as possible.

Please make check payable to: Empower Trust Company, LLC

FBO: _____

Regular mail address for the check and form, if mailed together:
Empower Trust Company, LLC
PO Box 561606
Denver, CO 80256-1606

Express mail address for the check and form, if mailed together:
US BANK
10035 East 40th Avenue Suite 100
Attn Lockbox 561606 DN-CO-OCLB
DENVER, CO 80238
Contact: Empower
Phone: 1-844-411-4015 (1-844-411-401K)

When completing the request, please include the following:

- Participant's Social Security number.
- An itemized record of the distribution, outlining any and all surrender penalties.
- Breakdown by money source (i.e. employee and employer contributions).

We appreciate your prompt attention regarding this matter. If you have any questions or require additional information, please feel free to contact us at 1-844-411-4015 (1-844-411-401K).