

How to Roll Your Money into Your Employer Sponsored Retirement Plan with The Act 1 Group of Companies 401(k) Plan for Hourly Associates

In this packet, you will find information and a form necessary to roll over your Individual Retirement Account (IRA) or employer sponsored retirement plan to your current employer sponsored retirement plan with The Act 1 Group of Companies 401(k) Plan for Hourly Associates.

It's easy! All you have to do is follow the Rollover Checklist. The checklist items are required to complete your rollover.

Rollover Checklist

- ☐ Complete and sign the Incoming Rollover form included in this packet.
 - ☐ A copy of the original distribution check stub must be attached if you are sending in the check and this form together.
 - ☐ If you are rolling over from an IRA, please provide a copy of the most recent account statement. If you are rolling over from an employer sponsored retirement plan, please provide a copy of the most recent account statement showing the Internal Revenue Code ("Code") plan type and plan name.
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Questions?

Please call our Rollover Services Team at 1-888-737-4480. We are available to assist you 8 a.m. to 10 p.m. Eastern time, Monday through Friday.



Incoming Direct Rollover 401(k) Plan

The Act 1 Group of Companies 401(k) Plan for Hourly Associates

780372-02

If you have already received a rollover check, send this form and the check together to the address shown in the Payment Instructions section. Please see the Step-by-Step Instructions for Rollover Contributions for important details about the process to complete your incoming rollover before submitting your form and check.

If your previous provider has not already issued a rollover check, and you would like assistance with contacting your previous provider or to learn more about your account consolidation options, please call 1-888-737-4480. A dedicated specialist can help you initiate your incoming rollover over the phone.

Participant Information

Last Name			First Name			MI		
(The name provided MUST match the name on file with Service Provider.)								
Address - Number & Street								
City			State			Zip Code		
()			()					
Home Phone			Work Phone					
Social Security Number								
E-Mail Address								
Mo			Day			Year		
Date of Birth								
						<input type="checkbox"/> Female <input type="checkbox"/> Male		
						<input type="checkbox"/> Married <input type="checkbox"/> Unmarried		

Direct Rollover Information - A copy of the original distribution check stub must be attached if you are sending in the check and this form together.

Amount of Direct Rollover: \$ (Enter approximate amount if exact amount is not known.)

All required documentation must be received in good order and we must review and confirm that the rollover contribution can be accepted into your Plan, before your rollover contribution will be invested in the Plan. If the rollover contribution cannot be accepted into the Plan, it will be returned to the issuer. See attached Step-by-Step Instructions for Rollover Contributions. If you have any questions about your Plan's rollover contribution options, please call 1-888-737-4480.

☐ **I am choosing a Direct Rollover from a:**

- ☐ Qualified 401(a) (Profit Sharing or Money Purchase) Plan
- ☐ Qualified 401(k) Plan
- ☐ Traditional IRA (Only pre-tax 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, (Company Name) to liquidate:

- ☐ 100% (Approximate transfer amount \$) **OR**
- ☐ Part (\$) of my account and transfer the proceeds to my new employer sponsored plan:
 - ☐ Immediately ☐ At Maturity (if applicable)

- ☐ 403(b) Plan
- ☐ Governmental 457(b) Plan

☐ **I am choosing an In-direct 60-Day Rollover from a (if an exception(s) applies, please indicate reason(s) for late contribution below the plan type):**

Plan Type

- ☐ Qualified 401(a) (Profit Sharing or Money Purchase) Plan
- ☐ Qualified 401(k) Plan
- ☐ Traditional IRA (Only pre-tax 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, (Company Name) to liquidate:

- ☐ 100% (Approximate transfer amount \$) **OR**
- ☐ Part (\$) of my account and transfer the proceeds to my new employer sponsored plan:
 - ☐ Immediately ☐ At Maturity (if applicable)

- ☐ 403(b) Plan

Last Name

First Name

M.I.

Social Security Number

Number

☐ Governmental 457(b) Plan**Reasons for Late Contribution**

I intended to make the rollover within 60 days after receiving the distribution 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 that 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.

Previous Provider Information:

Company Name

Account Number

Mailing Address

()

City/State/Zip Code

Phone Number

Amount of Direct Rollover: \$ (Enter approximate amount if exact amount is not known.)**Required Documentation**

If you are rolling over from an IRA, please provide a copy of the most recent account statement. If you are rolling over from an employer sponsored retirement plan, please provide a copy of the most recent account statement showing the Internal Revenue Code ("Code") plan type and plan name.

If you do not have this information 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 designed or intended to be tax qualified under the Code and meets the requirements of a

- ☐ Qualified 401(a) or 401(k) plan
- ☐ 403(b) Plan
- ☐ 457(b) for governmental plans

(2) The amounts are eligible for rollover as described in Code section 402(c).

(3) Employer/employee before-tax contribution and earnings: \$

(4) After-tax contributions: \$

After-tax cost basis: \$

After-tax cost earnings: \$

12/31/86 after-tax cost basis: \$

Note: Unless otherwise indicated, all amounts received will be considered employee before-tax contributions and earnings.

(6) Signature of previous employer:

I am authorized to sign as Plan Administrator of the previous employer.

Signature of "Plan Administrator"

Printed Name of "Plan Administrator"

Title

Company Name Date

Phone Number Email Address

Investment Option Information - Please refer to your Plan materials for investment option designations.

I understand that funds may impose redemption fees on certain transfers, redemptions or exchanges if assets are held less than the period stated in the fund's prospectus or other disclosure documents. I will refer to the fund's prospectus and/or disclosure documents for more information.

Select either existing ongoing allocations (A) or your own investment options (B).

(A) Existing Ongoing Allocations

☐ I wish to allocate this rollover the same as my existing ongoing allocations.

(B) Select Your Own Investment Options

INVESTMENT OPTION				INVESTMENT OPTION			
NAME	TICKER	CODE	%	NAME	TICKER	CODE	%
BlackRock LifePath Index Retirement K.....	LIRKX	LIRKX	_____	Nuveen Small Cap Blend Index R6.....	TISBX	TISBX	_____
BlackRock LifePath Index 2030 K.....	LINKX	LINKX	_____	Fidelity Mid Cap Index.....	N/A	S9194D	_____
BlackRock LifePath Index 2040 K.....	LIKXX	LIKXX	_____	Columbia Dividend Income Adv.....	CVIRX	CVIRX	_____
BlackRock LifePath Index 2050 K.....	LIPKX	LIPKX	_____	Fidelity 500 Index.....	N/A	S9197D	_____
BlackRock LifePath Index 2060 K.....	LIZKX	LIZKX	_____	Large Cap Growth Fund IV Fee Class II.....	N/A	LCIV11	_____
Fidelity Total International Index.....	N/A	S9211D	_____	Core Bond II.....	N/A	ASTCB2	_____
International Equity Fund Fee Class II.....	N/A	IEFCH	_____	Fidelity US Bond Index.....	FXNAX	FXNAX	_____
T. Rowe Price New Horizons.....	N/A	S7327F	_____	General Account.....	N/A	MGDJB3	_____
Small Cap Value II.....	N/A	WTSMPI	_____	MUST INDICATE WHOLE PERCENTAGES			= 100%

Required Signatures - My signature indicates that I have read, understand the effect of my election and agree to all pages of this Incoming Direct Rollover form, including the Participant Acknowledgements. I affirm that all information provided is true and correct. If a Rollover is requested, I certify that: 1) the distribution was not a: series of periodic payments, required minimum distribution, hardship distribution, excess contribution(s) or Roth IRA assets; 2) if an In-direct 60-day rollover, the rollover contribution is being made to the Plan within 60 days from the date I received my distribution; 3) the entire amount being rolled over would be included in my income if it were not being rolled over; and 4) that the entire amount is being rolled over from an "eligible retirement Plan" within the meaning of Code Section 402.

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

I understand that an election to rollover 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 in this form. I acknowledge that Service Provider has not provided any tax or investment advice. I acknowledge that if I need financial or tax advice related to this rollover election, it is my responsibility to consult with my personal financial and/or tax advisor.

Participant Signature**Date**

A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.

Participant forward or upload as shown in the payment instructions section.

Securities, when presented, are offered and/or distributed by Empower Financial Services, Inc., 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.

Effective December 31, 2020, Empower acquired the Massachusetts Mutual Life Insurance Company's (MassMutual) retirement business. Empower administers the business on MassMutual's behalf, with certain administrative services being performed by MassMutual and its affiliates during a temporary transition period. Empower is not affiliated with MassMutual or its affiliates.

Participation Agreement

General Information - I understand that only certain types of distributions are eligible for rollover treatment and that it is solely my responsibility to ensure such eligibility. By signing below, I affirm that the funds I am rolling are in fact eligible for such treatment. I authorize these funds to be transferred into my employer's Plan and to be invested according to the information specified in the Investment Option Information section. I understand and agree that this account is subject to the terms of the Plan Document.

I understand that I am permitted to direct the investment of my accounts in the Plan. I acknowledge that I have received and reviewed the information about my investment choices and have had an opportunity to freely choose how my accounts are invested. I understand and agree that my employer and other plan fiduciaries will not be liable for the results of my investment directions. **All funds rolled in the The Act 1 Group of Companies 401(k) Plan for Hourly Associates are subject to the terms of the The Act 1 Group of Companies 401(k) Plan for Hourly Associates.**

If the investment option information is missing or incomplete, I authorize Service Provider to allocate the direct rollover assets ("assets") the same as my ongoing contributions (if I have an account established) or to the default investment option selected by my Plan (if I do not have an investment election on file). If no default investment option is selected by my Plan, the funds will be returned to the payor. If additional assets from the same provider are received more than 180 calendar days after Service Provider receives this Incoming Direct Rollover form (this "form"), I authorize Service Provider to allocate all monies received the same as my ongoing allocation election on file with Service Provider. I understand I must call 1-888-737-4480 or access the Web site at empowermyretirement.com in order to make changes or transfer monies from the default investment option. If my initial

Last Name

First Name

M.I.

Social Security Number

Number

rollover assets are received more than 1 year after Service Provider receives and approves this Incoming Direct Rollover form, I understand Service Provider will require the submission of a new form for approval. I understand that this completed form must be received by Service Provider at the address provided on this form.

I understand that the current Custodian/Provider may require that I furnish additional information before processing the transaction requested on this form, and Service Provider is not responsible for determining the status of any transaction that I have requested. It is entirely my responsibility to provide the current Custodian/Provider with any information that they may require, and/or to notify Service Provider of any information that the current Custodian/Provider may wish to obtain in order to effect the transaction.

Withdrawal Restrictions - I understand that the Internal Revenue Code and/or my employer's Plan Document may impose restrictions on direct rollovers and/or distributions. I understand that I must contact the Plan Administrator, if applicable, to determine when and/or under what circumstances I am eligible to receive distributions or make direct rollovers.

Investment Options - I understand and acknowledge that all payments and account values, when based on the experience of the investment options, may not be guaranteed and may fluctuate, and, upon redemption, shares may be worth more or less than their original cost. I acknowledge that investment option information, including prospectuses, disclosure documents and Fund Profile sheets, have been made available to me and I understand the risks of investing. I understand and agree that Service Provider will not be liable for the results of my investment directions.

Account Corrections - I understand that it is my obligation to review all confirmations and quarterly statements for discrepancies or errors.

Outstanding Loan Balance - An outstanding loan balance cannot be included in the direct rollover. However, you may pay off the outstanding loan balance before this direct rollover is submitted. After the loan is paid off, you may submit this direct rollover request. If you do not pay off the outstanding loan balance, you may direct rollover only the cash value (not including the loan) from the contract that has the outstanding loan.

Certification for Late Rollover Contribution - Pursuant to Internal Revenue Service Revenue Procedure 2016-47, I certify that my contribution which I have described on this form missed the 60-day rollover deadline for the reason(s) listed under Reasons for Late Contribution Section. I am making this contribution as soon as practicable after the reason or reasons I indicated no longer prevent me from making the contribution. I understand that this certification concerns only the 60-day requirement for a rollover and that, to complete the rollover, I must comply with all other tax law requirements for a valid rollover and with your rollover procedures.

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

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

Payment Instructions

If you have already contacted your previous provider to initiate your rollover distribution, or have already received a rollover check, use the payment and mailing instructions below. If you are mailing this "form" only, see instructions below.

Make check payable to:
Empower Trust Company, LLC

Include the following information on the check:
Participant Name, Individual ID (*found on account statement*)
Plan Number, Plan Name

Wire instructions:
Account of: Empower Trust Company, LLC (FBO Retirement Plans)
Bank: PNC Bank
Account no: 1082030098
Routing transit no: 043000096
Attention: Financial Control
Reference: Participant Name, Social Security Number,
Plan Number, Plan Name

**Regular mail address for the
check and form (if mailed together):**
Empower Trust Company, LLC
PO Box 825725
Philadelphia, PA 19182-5725

**Overnight mail address for the
check and form (if mailed together):**
PNC Bank
525 Fellowship Rd, Suite 330
Lockbox # 825725
Mt Laurel, NJ 08054-3415
Contact: Empower
Phone#: 1-844-465-4455

Mailing Instructions if sending this form only

If you have not received a rollover check or initiated your rollover distribution with your previous provider, send this form only to us. Please upload electronically to empowermyretirement.com (Click Upload Documents to submit) or mail to the address above.

After your request has been received and processed, we will contact you to initiate your distribution from the other provider. You can also call 1-888-737-4480, if you have any questions about the status of your incoming rollover request.

Acceptance of Assets - To the sending custodian/trustee
(To be completed by Empower)

Participant's Name: _____

Receiving Plan Name: The Act 1 Group of Companies 401(k) Plan for Hourly Associates

Receiving Plan Number: 780372-02

Last 4 digits of Participant's Social Security Number: _____

Prior Provider Policy/Account Number: _____

To Whom it May Concern

Empower Retirement LLC, and its affiliates Empower provide recordkeeping and asset 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 agrees to accept the transferred funds 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

Date

A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.

Empower 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 825725
Philadelphia, PA 19182-5725

Overnight mail address for the check and form (if mailed together):

PNC Bank
525 Fellowship Rd, Suite 330
Lockbox # 825725
Mt Laurel, NJ 08054-3415

Contact: Empower

Phone#: 1-844-465-4455

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 our Client Service Department at 1-888-737-4480.

Step-by-Step Instructions for Rollover Contributions

The Act 1 Group of Companies 401(k) Plan for Hourly Associates offers you the opportunity to "roll over" the distribution you receive from your previous employer's Plan or IRA. The following information and instructions are designed to help you through this process. If you have any questions, please contact a dedicated specialist at 1-888-737-4480.

Determine Whether Your Contribution is a Direct Rollover or an In-direct 60-Day Rollover.

- **Direct Rollover:** Your previous plan or annuity makes the distribution check payable directly to Empower Trust Company, LLC as trustee of this Plan.
- **In-direct 60-Day Rollover:** Your previous plan or annuity makes the distribution check payable to you.

If You Are Electing a Direct Rollover

- Complete the Participant Information section of the Incoming Rollover Election form.
- Complete the Rollover Information section choosing Direct Rollover and the applicable Internal Revenue Code ("Code") plan type on the form.
 - If you are rolling over after-tax contributions, please indicate the amount of the after-tax cost basis (contribution amount not including earnings).
- Complete the Previous Provider Information section.
- Complete the Required Documentation section. Please attach a copy of most recent account statement to the Incoming Rollover Election form. If your most recent account statement does not indicate the Code plan type and Plan Name of your previous employer's plan, you must ALSO have your previous employer sign the Incoming Rollover Election form. For an IRA, please verify the account statement indicates the account is an IRA.
- For a Direct Rollover from an IRA please note: The maximum amount eligible for rollover is the total amount of your taxable IRA contributions plus earnings. Non-taxable IRA contributions may not 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 amounts were from a SIMPLE IRA, you would have had to participate in the SIMPLE IRA for a minimum of two years.
- **If you have already received a rollover check, send this form, the check and the check stub together to the appropriate address shown in the Payment Instructions section.**
- **If you do not have a rollover check, and have not initiated a distribution from the other provider,**
 - 1. Send this form with appropriate documentation described on this form.**
 - 2. In order to complete the rollover, the previous provider must be contacted and instructed to distribute the assets. If you would like assistance with contacting the other carrier, please contact a dedicated specialist at 1-888-737-4480.**
- Send your completed Incoming Rollover Election form with required documentation attached to:

Regular mail address for the check and form (if mailed together):

Empower Trust Company, LLC
PO Box 825725
Philadelphia, PA 19182-5725

Overnight mail address for the check and form (if mailed together):

PNC Bank
525 Fellowship Rd, Suite 330
Lockbox # 825725
Mt Laurel, NJ 08054-3415

Contact: Empower
Phone#: 1-844-465-4455

Or upload to empowermyretirement.com

- Service Provider will review your request and required documentation to determine if your rollover can be accepted into the Plan. If information is missing, we will contact you for more information.
- After your request has been received and processed, we will contact you to initiate your distribution from the other carrier.

If You Are Electing an In-direct 60-Day Rollover

- Complete the Participant Information section of the Incoming Rollover Election form.
- Complete the Rollover Information section choosing In-direct 60-Day Rollover and the applicable Code. Please send a copy of the check stub, showing the amount of the distribution and withholding, from the previous provider.
 - If you are rolling over after-tax contributions, please indicate the amount of the after-tax cost basis (contribution amount not including earnings).
- Complete the Previous Provider Information section.
- Complete the Required Documentation section. Please attach a copy of most recent account statement to the Incoming Rollover Election form. If your most recent account statement does not indicate the Code plan type and Plan Name of your previous employer's plan, you must ALSO have your previous employer sign the Incoming Rollover Election form. For an IRA, please verify the account statement indicates the account is an IRA.
- To avoid any income tax consequences, you must roll over your entire gross distribution (including any income tax withholding). 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.

- Send your completed Incoming Rollover Election form with required documentation attached to:

Regular mail address for the check and form (if mailed together):

Empower Trust Company, LLC
PO Box 825725
Philadelphia, PA 19182-5725

Overnight mail address for the check and form (if mailed together):

PNC Bank
525 Fellowship Rd, Suite 330
Lockbox # 825725
Mt Laurel, NJ 08054-3415

Contact: Empower

Phone#: 1-844-465-4455

Or upload to empowermyretirement.com

- **If you have already received a rollover check, send this form, the check and the check stub together to the appropriate address shown in the Payment Instructions section.**
- Service Provider will review your request and required documentation to determine if your rollover can be accepted into the Plan. If information is missing, we will contact you for more information.

Endorse the rollover check to:

Empower Trust Company, LLC

OR

If your rollover check has already been cashed, please consider sending in a cashier's check or certified check made payable to Empower Trust Company, LLC.

Some Important Rollover Facts

- If any documentation is missing, your request will not be processed until you have submitted the required documentation for review.
- 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 any questions about your incoming rollover options for this Plan.
- Examples of Contributions Which Cannot Be Rolled Over:
 - Any "required minimum distribution" (i.e., amount being paid to you because you are age 70 1/2 or older).
 - Distributions that are a series of periodic payments (made at least annually) and paid to you over your life expectancy (or the life expectancy of you and your beneficiary) or for a period of at least 10 years.
 - Hardship Distributions
 - Unforeseeable Emergency Distributions
 - Excess Contributions
 - Roth IRA Assets
- Please Note: If you are making a "Regular 60-Day Rollover" under Federal Regulations, you have 60 (sixty) days from the date of your distribution to make a rollover contribution. It is your responsibility to ensure that Service Provider receives all required documentation AND your rollover contribution prior to the expiration of the 60-day period. After 60 days, Service Provider can only accept a rollover on behalf of the Plan if you certify a reason for late contribution. 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 will be responsible for maintaining the documentation.
- An election to rollover to this Plan from another plan or IRA may result in significant tax consequences to you. You are responsible for any income tax or penalties for the election made in this form.
- Review decisions related to your qualified plan distribution with your financial advisor or tax advisor.

Read this information carefully.