Perfect401(k)™

Rollover Valet™ Request Form

Complete this form if you would like assistance consolidating other retirement accounts into your new 401(k) retirement account. If you have not done so already, complete the Enrollment Form and Beneficiary Designation Form.

Full Name: ______________________ Plan Name: ______________________

Phone Number: ______________________ Email: ______________________

Preferred method of contact: ☐ Phone ☐ Email

INSTRUCTIONS

You do NOT need to return this form to your employer. Return this form directly to Wellington Companies with a recent statement attached for the retirement account(s) you wish to transfer to your new retirement account.

Fax: (703) 802-2317
Email: info@perfect401k.com

A Wellington Companies representative will attempt to determine the rollover process for the account(s) and contact you with additional instructions on how to transfer the account(s).

TRANSFER OF FUNDS INSTRUCTIONS

ROLLOVER FUNDS FROM RETIRMENT ACCOUNTS AT PREVIOUS EMPLOYERS (ex. 401(k) account)

STEP 1: Contact your previous employer and inform them that you wish to rollover your retirement account the 401(k) plan of a new employer.

STEP 2: Determine if they need a form to be completed to begin the rollover process or if they can complete the rollover with instructions provided over the phone.

STEP 3: Provide them with the information below regarding how the check should be made payable and where the check should be mailed.

ROLLOVER FUNDS FROM IRA ACCOUNTS

STEP 1: Contact the customer service department of your rollover IRA custodian (Bank, Mutual Fund Company, Insurance Company, Brokerage Firm, Credit Union, etc.).

STEP 2: Determine if they need a form to be completed to begin the rollover process or if they can complete the rollover with instructions provided over the phone.

STEP 3: Provide them with the information below regarding how the check should be made payable and where the check should be mailed.

MAKE CHECK PAYABLE TO:

"Charles Schwab Bank CSTC #: [XXX-XXX]"

The memo line must include the Plan Name FBO: [Participant's Name]. If you do not have it, your Wellington plan representative can provide it to you.

MAIL CHECK TO:

WELLINGTON COMPANIES
Attn: Rollover Contribution
14325 Willard Rd, Suite 104
Chantilly, VA 20151