Aston Funds

IRA ROLLOVER CERTIFICATION FORM

PARTICIPANT INFORMATION

Name: Daytime Telephone: ( )

Address:

City: State: Zip Code:

Social Security Number: Date of Birth:

Account Number:

TRADITIONAL ROLLOVER

☐ **Traditional IRA Rollover** - This is a distribution of all or part of my account balance from another traditional IRA which is being rolled over within 60 days of receipt. I understand that 365 days must have passed since I last received a rollover distribution from the distributing traditional IRA.

☐ **IRA Eligible Rollover Distribution -** This is a non-periodic distribution from my employer's qualified retirement plan of all or part of my account balance, other than the portion of any distribution which is nontaxable, which is being rolled over within 60 days of receipt. (Your employer's plan administrator should be able to tell you what portion of your distribution is an "eligible distribution".) I certify that no portion of this rollover is from any portion of a Designated Roth Contribution Account under my employer's qualified retirement plan or from any amount required to be distributed under Internal Revenue Code Sections 408(a)(6) and 401(a)(9), commonly known as a required minimum distribution.

ROTH ROLLOVER

☐ **Roth IRA Rollover** - This is a distribution of all or part of my account balance from another Roth IRA which is being rolled over within 60 days of receipt. I understand that 365 days must have passed since I last received a rollover distribution from the distributing Roth IRA.

☐ **Direct Rollover (Conversion) from an Employer's Plan** - This is a distribution from my employer's qualified retirement plan paid as a direct rollover (conversion) contribution into a Roth IRA.

☐ **Designated Roth Contribution Account** - This is a ☐ direct rollover or a ☐ 60- day rollover from my Designated Roth Contribution Account under my employer's qualified retirement plan. This rollover represents all or a portion of my Designated Roth Contribution Account under the employer's qualified retirement plan and no other source of money under the employer's qualified retirement plan is being rolled over to my Roth IRA.

☐ **Military Death Gratuity Payment** - This rollover contribution is less than $100,000 and is being made within 365 days of receipt.

☐ **Servicemember's Group Life Insurance** (SGLI) - This rollover contribution is less than $400,000 and is being made within 365 days of receipt.

PARTICIPANT CERTIFICATION

I certify that the contribution described above is an eligible IRA rollover or conversion contribution. I certify that this contribution is being rolled over within 60 days of receipt or is being rolled directly from my employer's plan or current custodian and meets the requirements for tax law provisions, as described above. I certify that the rollover is not part of a series of payments over my life expectancy or over a period of 10 years or more. The rollover does not include any required minimum distribution, hardship distribution, corrective distribution, or deemed distribution from the employer's qualified retirement plan. I understand that this rollover contribution is irrevocable and involves important tax considerations. Specifically, I understand that a rollover contribution from a pre-tax qualified retirement plan will no longer be eligible for the special averaging, capital gains and separate tax treatment that may be available under the employer's plan. I agree that I am solely responsible for all tax consequences. I also agree that neither the IRA custodian nor Aston Funds shall have responsibility for any such tax consequences or any consequences resulting from this amount being ineligible for rollover.

Rules regarding rollovers, and their tax implications, are complex. Please refer to IRS Publication 590 or a tax advisor for more information.

I have read this form and understand and agree to be legally bound by the terms of this form. I also understand that the IRA Custodian will rely on my instructions within this form when accepting my rollover contribution.

Participant's Signature: Date:

Mail to the following:

First Class Mail:
Aston Funds
P.O. Box 9765
Providence, RI 02940

Overnight Mail:
Aston Funds
4400 Computer Drive
Westborough, MA 01581
1-800-992-8151