

Company Retirement Plan Rollover Form

Print Client Name: _____ **Rollover Amount: \$** _____

Employer: _____ **Plan Type:** _____

- | | | | | |
|--|--------------------------|-----|--------------------------|----|
| Are you currently employed by the above employer (Is this an in-service distribution)? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Is representative also the representative for the company retirement plan? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Are you between age 55 – 59 and needing income? (if yes see #7 below) | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Is the administrator encouraging the participant to remove the assets from plan? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Does a plan administrator have to approve each distribution? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Does the existing plan allow for systematic distributions? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

Liquidation Fees \$ _____ Company retirement plan annual expense _____%

Client cannot provide plan expenses and representative is not the plan representative.

Proposed IRA Rollover expenses: Upfront sales charge _____% Annual Gross Expense _____%

Why does the current Company Sponsored Retirement Plan not meet the client’s investment goals?

REASONS FOR ROLLOVER (CHECK ALL THAT APPLY)

- | | |
|--|---|
| <input type="checkbox"/> Consolidate Retirement Accounts
<input type="checkbox"/> Investment Choices
<input type="checkbox"/> Lower Cost
<input type="checkbox"/> Estate, Charity or other Tax Planning | <input type="checkbox"/> Ongoing Investment Advice or Money Management
<input type="checkbox"/> Insurance Riders (Living or Death Benefits)
<input type="checkbox"/> Cash Flow Analysis
<input type="checkbox"/> Move Control Away From Employer |
|--|---|

CONSIDER SERVICES, FEES, EXPENSES, TAXATION AND LEGAL RAMIFICATIONS INCLUDING BUT NOT LIMITED TO:

1. The client hereby makes the following representations about informed consent of the receipt of certain information from Harbour: I acknowledge receipt of Harbour’s Form CRS and understand its contents. I agree to receive, and have received, delivery of Harbour’s Best Interest Disclosure by visiting <https://harbourinv.com/clients/regulation-bi/>.
2. The Representative or Advisor may earn commissions or fees by recommending the rollover of plan assets and may or may not be compensated for recommending leaving plan assets with the employer.
3. Generally speaking, plan assets have unlimited protection from creditors under federal law and IRA assets are protected in bankruptcy proceedings only.
4. At 72 one must take Required Minimum Distributions from IRAs. If still working one may not be required to take RMDs from company plans.
5. One may receive a different level of service (better or worse) with an IRA compared to their employer sponsored plan.
6. One may not be fully vested in company plan and may lose portion of employer contributions.
7. One may lose the ability to borrow from an employee sponsored plan; loans in IRAs are prohibited.
8. Employer sponsored plans may have penalty free withdrawals between the age of 55 and 59½.
9. One with a significant amount of appreciated stock should consider the tax benefits of moving the stock to a non-qualified account.

The Harbour Investments, Inc. Investment Advisor Representative or Registered Representative indicated below acknowledges their status as ERISA fiduciaries under ERISA 3(21). In consideration for the services offered, HII receives compensation of your IRA rollover and may receive compensation from provider annually.

This form is designed to explain current costs, liquidation consequences, and reasons for rolling funds out of your employer sponsored retirement plan. By checking the checkbox as part of the digital account opening process, you represent that you understand and acknowledge the information above and you are making the decision to rollover the assets.

Financial Professional Name: _____

Rep #: _____