## MANNING & NAPIER FUND, INC. SIMPLE INDIVIDUAL RETIREMENT ACCOUNT (IRA) ROLLOVER CERTIFICATION FORM



Use this form to certify that a contribution is an eligible rollover contribution.

## IMPORTANT CHANGES TO THE RULES GOVERNING INDIRECT (60-DAY) ROLLOVERS BETWEEN IRA ACCOUNTS

Effective January 1, 2015, there is a new restriction on indirect (60-day) IRA-to-IRA rollovers. An IRA participant is allowed only one rollover across all IRAs (Traditional, Rollover, Roth, SEP, SARSEP and SIMPLE IRAs) in aggregate that a taxpayer owns in any 12-month or 365-day period. As an alternative, a participant can make an unlimited number of trustee-to-trustee transfers where the proceeds are delivered directly to the receiving financial institution, successor custodian or trustee. You must contact the receiving institution to initiate a trustee-to-trustee transfer. For more information please visit the Internal Revenue Service's web site www.irs.gov using the search term "IRA One-Rollover-Per-Year Rule".

I. PARTICIPANT INFORMATION - Please Print		
		( )
Name		Cell Phone
		( )
Address		Alternate Phone
City	State	Zip
Social Security Number	Date of Birth	
Existing Account Number:		or New SIMPLE IRA Account Application attached
since I last received an IRA  IRA to SIMPLE IRA 60-da  certify that this is a distrib  distribution is being rolled	A distribution that I rolled over to ay Rollover - I certify that I ha ution of all or part of my accou	ove been a participant in this SIMPLE IRA plan for 2 or more years. Until balance from another IRA that is not a SIMPLE IRA, and that this om the date that I received the distribution. I certify that 365 days have
calendar years following the	-	stribution from this or another IRA* which is being rolled over within 3 bw). *If this distribution is not from a SIMPLE IRA I understand that 2 or more years.
Code.	distribution(s) of up to \$100,000	0,000 in compliance with Section 72(t)(2)(H) of the Internal Revenue
☐ SIMPLE IRA Eligible Ro qualified retirement plan of which is being rolled over of your distribution is an " Contribution Account und	Ilover Distribution – I certify the fall or part of my account bala within 60 calendar days. (Your eligible distribution".) I certify the my employer's qualified retire	nat this is a non-periodic distribution from my previous employer's ince, other than the portion of any distribution which is nontaxable, or employer's plan administrator should be able to tell you what portion nat no portion of this rollover is from any portion of a Designated Roth rement plan or from any amount required to be distributed under ), commonly known as a required minimum distribution.

## **II. PARTICIPANT CERTIFICATION**

I certify that the contribution described above is an eligible SIMPLE IRA rollover contribution. I certify that this contribution is being rolled over within 60 calendar days (or within 3 years if applicable) 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 my employer's plan. I agree that I am solely responsible for all tax consequences. I understand that if I have not been a participant in this SIMPLE Plan for a minimum of 2 years that only distributions from another SIMPLE IRA are eligible to be rolled over into this account and rollover of assets from any other plan may be ineligible for rollover. I also agree that neither the Custodian nor Manning & Napier Fund, Inc. 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-b or a professional 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 Custodian will rely on my instructions within this form when accepting my rollover contribution.

X

Participant's Signature

Date

Mail to: First Class Mail:

Manning & Napier Fund, Inc. P.O. Box 534449 Pittsburgh, PA 15253-4449 Overnight Mail: Manning & Napier Fund, Inc. Attention: 534449 500 Ross Street, 154-0520 Pittsburgh, PA 15262