NEXT GENERATION TRUST COMPANY

401 E. 8TH STREET, SUITE 200H SIOUX FALLS, SOUTH DAKOTA 57103 TOLL FREE: 888-857-8058

PARTICIPANT SELF-CERTIFICATION FOR LATE ROLLOVER CONTRIBUTION



NEXT GENERATION SERVICES, LLC, 75 LIVINGSTON AVE. STE. 110, ROSELAND, NJ 07068 | P: (973) 533-1880 * F: (973) 533-1088

PARTICIPANT INFORMATION:			
Date of Certification:			
Participant's Name:			
Address:	City:	State:	Zip
Phone:	Social Security Number:		
PREVIOUS FINANCIAL INSTITUTION INFORMAT	ion:		
Name of Financial Institution:			
Address:	City:	State:	Zip
Phone:			
Dear Sir or Madam:			
Pursuant to Internal Revenue Service Revenue Procedure 60-day rollover deadline for the reason(s) listed below un the reason or reasons listed below no longer prevent me requirement for a rollover and that, to complete the rollo rollover procedures.	der Reasons for Late Contrib from making the contributio	ution. I am making this contribution. I understand that this certificati	on as soon as practicable aft on concerns only the 60-da
Pursuant to Revenue Procedure 2020-46, unless you have satisfied the conditions for a waiver of the 60-day rollove determining whether the contribution satisfies other requ	r requirement for the amoun	t identified above. You may not re	
REASONS FOR LATE CONTRIBUTION			
I intended to make the rollover within 60 days after receiv An error was committed by the financial institution maki The distribution was in the form of a check and the chec The distribution was deposited into and remained in an a 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 party making the distribution delayed providing info my reasonable efforts to obtain the information. A distribution was made to a state unclaimed property financial request for the party in the information. Below is the information regarding the original request for	ng the distribution or receivi k was misplaced and never co account that I mistakenly tho the proceeds of the levy hav rmation that the receiving pl	ng the contribution. ashed. ught was a retirement plan or IRA re been returned to me. an or IRA required to complete the	e rollover despite
into which the rollover is being made. It is the taxpayer's retransaction. DISBURSING PLAN	esponsibility to make sure that SIMPLE IRA Qualified	at all of the other rollover rules are	
RECEIVING PLAN ☐ Traditional IRA ☐ Roth IRA ☐ SEP IRA ☐] SIMPI F IRA		

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ACKNOWLEDGMENTS AND CERTIFICATIONS

By signing below I acknowledge the following:

- 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 on a Form 5498.
- This rollover contribution is being made to the receiving plan indicated above as soon as practicable after the Reason for Late Contribution indicated no longer prevents me from completing the rollover. I understand that this requirement is deemed satisfied if the rollover is completed within 30 days after the Reason for Late Contribution indicated no longer prevents me from completing the rollover.
- I understand that the IRA trustee/custodian or the Plan's Administrator may require additional information to accept this rollover and that this self-certification is meant only to certify that the Reason for Late Contribution indicated applies to the late deposit of the rollover.
- I understand that if the IRA trustee/custodian or the Plan's Administrator has actual knowledge to the contrary of this self-certification, such trustee or administrator may reject the rollover deposit.

SIGNATURE

I declare that the representations made in this document are true and that the IRS has not previously denied a req	uest 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 a	also understand that I should retain			
a copy of this signed certification with my tax records, along with any other supporting documentation.				
Signature of Participant:	Date:			