

Return completed forms as follows:

Certification for Late Rollover Contribution

BANK		Quest	Questions? Call us at 1-888-502-2967	
Retu	rn completed forms as follows:	Name		
Mail:	Axos Bank ATTN: Retirement Services PO Box 911039	Account Number		
Fax: E-mail:	San Diego, CA 92191-1039 858-649-2969 RetirementServicesSupport@axosbank.com	Date of Birth	Social Security Number	
missed contrib contrib the roll Pursua certification identification and the roll Pursua certification and the reason and the r	nt to Internal Revenue Service Revenue Procedute 60-day rollover deadline for the reason(s) I ution as soon as practicable after the reason or ution. I understand that this certification concernover, I must comply with all other tax law requirement to Revenue Procedure 2016-47, unless you atton to show that I have satisfied the conditions and above. You may not rely on this certification alid rollover. In servenue Procedure 2016-47, unless you atton to show that I have satisfied the conditions and above. You may not rely on this certification alid rollover. In servenue Procedure 2016-47, unless you atton to show that I have satisfied the conditions and above. You may not rely on this certification alid rollover. In servenue Procedure 2016-47, unless you atton to show that I have satisfied the conditions and religions and the distribution was after red (s) (check all that apply): In servenue Procedure 2016-47, unless you atton to show that I have satisfied the conditions and religions after red (s) (check all that apply): In servenue Procedure 2016-47, unless you atton to show that I have satisfied the conditions and religions after red (s) (check all that apply): In servenue Procedure 2016-47, unless you atton to show that I have satisfied the conditions and religions after red (s) (check all that apply): In servenue Procedure 2016-47, unless you atton to show require the red (s) (check all that apply): In servenue Procedure 2016-47, unless you atton to show require the red (s) (s) (check all that apply): In servenue Procedure 2016-47, unless you atton to show require the red (s) (s) (check all that apply): In servenue Procedure 2016-47, unless you atton to show require the red (s) (s) (check all that apply): In servenue Procedure 2016-47, unless you atton to show require the red (s) (s) (check all that apply): In servenue Procedure 2016-47, unless you atton to show require the red (s) (s) (check all that apply): In servenue Procedure 2016-47, unless you atton to show require the red (s) (s) (check	listed below under Reasons for reasons listed below no longerns only the 60-day requirement ements for a valid rollover and have actual knowledge to the 6s for a waiver of the 60-day roll in determining whether the conceiving the distribution but was a making the distribution or receive check was misplaced and ne in an account that I mistakenly evy and the proceeds of the lenginformation that the receiving	r Late Contribution. I am making this r prevent me from making the t for a rollover and that, to complete with your rollover procedures. contrary, you may rely on this over requirement for the amount ntribution satisfies other requirements unable to do so for the following eiving the contribution. ever cashed. If thought was a retirement plan	
a waive contrib may be will be	ture re that the representations made in this docume er of the 60-day rollover requirement with respe- ution relates. I understand that in the event I am e subject to income and excise taxes, interest, a required to report the contribution to the IRS. I a ation with my tax records.	ct to a rollover of all or part of to a audited and the IRS does not and penalties. If the contribution	the distribution to which this t grant a waiver for this contribution, I n is made to an IRA, I understand you	
Signatu	re of IRA Owner	Date		

EQUAL HOUSING