



## Recontribution of Qualified Birth or Adoption Distribution(s) (Rollover Contribution Form)

Participant's Social Security Number: \_\_\_\_\_

Plan Name: \_\_\_\_\_

Plan Number: \_\_\_\_\_

*(To confirm if the Plan permits recontributions and/or to identify the plan number, please refer to NetBenefits or contact a Fidelity Phone Representative at 800-835-5097.)*

Participant Name (First, MI, Last): \_\_\_\_\_

Participant Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

**Recontribution of a Qualified Birth or Adoption Distribution:** If you received one or more distributions from an eligible retirement plan that qualifies as a Birth or Adoption Distribution then you may be able to recontribute part or all of it as a rollover contribution to the same retirement plan (such as a 401(a), 401(k) plan, 403(b) plan, 457(b) governmental plan). You may recontribute part or all of the amounts to the plan where the distribution was made from. You may recontribute the money in separate transactions.

The total amount of your recontribution may not be more than the amount of your qualifying distribution(s) and cannot exceed \$5,000 per birth or adoption. You may be able to request a refund of federal income taxes that you originally paid on the amount of your birth or adoption distribution if you timely file an amended federal income tax return for the applicable year(s).

Please contact Fidelity Investments to determine if your Plan accepts recontributions. Use this form to recontribute your Qualified Birth or Adoption Distribution to the Plan you identified above. Your recontribution will be subject to the Plan's rules. If you took birth or adoption distribution from multiple plans, please complete a separate form and send separate checks for each plan.

You must complete and sign this form, and return per the instructions in section 4, along with a certified check, cashier's check or money order **payable to Fidelity Investments Institutional Operations Company (FIIOC).**

### 1. Qualified Birth or Adoption Distribution Information

Amount of your recontribution to the Plan: \$ \_\_\_\_\_

Please complete the information below to identify the contribution source(s) of your recontribution.



Contribution Source	Description	Value
Rollover Contributions – Pre-tax and/or Employer Contributions	Amount	\$
	Principal amount of the Roth Contributions	\$
Rollover Contributions – Roth Contributions (if permitted under the Plan)	Earnings on the principal amount of the Roth Contributions	\$
	Identify the year that you made your initial Roth Contributions to the Plan	
Rollover Contributions – After-tax Contributions (if permitted under the Plan)	Principal amount of the after-tax contributions	\$
	Earnings on the principal amount of the after-tax contributions	\$

**Note:** You will be 100% vested in your rollover contributions. Your rollover contribution will be treated as taxable to you when you request a future distribution if you fail to complete this section.

Your money will be invested based on the investment elections that you have on file for your contributions. The entire amount will be invested in the Plan’s designated default investment option if you have not made an election unless the Plan requires you to make an investment election. Please visit NetBenefits or contact a phone representative before you submit this form if you need to make any investment elections.

**2. Participant Certification:**

By signing below, I certify that I am an individual who received one or more distributions from this Plan that qualifies as a Birth or Adoption Distribution described above, and that I am eligible to recontribute part or all of it to the above referenced Plan. I further certify that the information on this form is true, accurate and complete. I understand that my recontribution may be refunded to me in the future, with any earnings thereon, if it is not permitted by the Plan or it is later determined that part or all of it was ineligible to be recontributed to the Plan.

Participant Name (Print)	Participant Signature (Sign)	Date: MM/DD/YYYY

**3. Mailing Instructions:**

Please mail this form and a cashier’s check, certified check or money order to the following address:

Regular Mail	Express Mail
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P.O. Box 770002  
Cincinnati, OH 45277-0090

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Mailzone KC1E  
100 Crosby Parkway  
Covington, KY 41015

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