Plan-to-Plan Direct Rollover Form

Use this form to: Perform a rollover from your previous employer-sponsored retirement plan at Fidelity to your current employer-sponsored retirement plan at Fidelity.

1. Account Owner (Participant) *Includes current or former employee, beneficiary, or qualified alternate payee.*

Phone numbers are for questions about this transaction only; they do not update your account information. ▶

If you are married, your spouse may need to sign this form. Ask your employer or Fidelity. ▶

Name		Social Security or Taxpayer ID Number Required Information
Jane A. Smith		
Date of Birth MM-DD-YYYY	**Evening Phone**	**Daytime Phone**
06/15/1988	(555) 123-	(555) 123-

○ Married ○ Not married

Please provide a valid phone number where you can be reached, as Fidelity may need to contact you regarding this request.

2. Complete the Following Steps Describing the Rollover

Step 1: Payment Option: Lump-Sum Rollover FROM the following plan:

Name of Employer Plan	Plan Number
Innovate Corp 401(k) Plan	12345

Step 2: Rollover INTO the following plan using my rollover mix on file. If no rollover mix is on file, use my deferral mix; if no deferral mix, then use the plan's default fund:

Name of Employer Plan	Plan Number
Future Solutions Inc. 401(k) Plan	67890

Plan Sponsor Verification of the "INTO" plan
This signature must be from an authorized representative of the employer of the "INTO" plan.

Name of Plan Representative (please print)	Representative Signature	Date MM-DD-YYYY
	SIGN ▶	▶

3. After Tax/Roth

Step 3: If you have <u>not</u> made after-tax or Roth contributions to your retirement account or you intend to roll over 100% of your distribution to the "INTO" plan referenced above, please SKIP THIS SECTION.

<u>After Tax Contributions (excluding Earnings)</u>

- ○ Rollover to an IRA at Fidelity.
- ○ Rollover to an IRA with a different custodian.
- ○ Send a check directly to me as a non-rollover distribution.

Account Number

IRA Custodian: The check will be made payable to the IRA Custodian

<u>Roth Account</u>

- ○ Rollover to a Roth IRA at Fidelity.
- ○ Rollover to a Roth IRA with a different custodian.
- ○ Send a check directly to me as a non-rollover distribution.

Account Number

IRA Custodian: The check will be made payable to the IRA Custodian

If you choose to have your Roth Account paid to you directly as a non-rollover distribution, taxable earnings will be subject to 20% mandatory federal income tax withholding. State taxes will also be withheld, if applicable. You may owe additional taxes besides the amount withheld. A 10% early distribution tax penalty may also apply if you are under age 59½.

4. Spouse's Consent *Complete if you are married AND if required by your plan.*

The spouse's signature MUST either be notarized or be witnessed by a plan representative. A signature guarantee is NOT a notary seal. By signing below, you:

- Voluntarily consent to the distribution(s) indicated on this form, knowing that your spouse's request is not valid without your consent.
- Acknowledge that you may be giving up your right to receive assets that would otherwise go to you upon your spouse's death.
- Acknowledge that your spouse's waiver of a qualified joint and survivor annuity, if applicable, is not valid without your consent.
- Agree that if the distribution described in this form is not processed within 180 days of the date you sign this form, your consent expires.
- Acknowledge that you cannot take back your consent unless your spouse allows you to, and files a new form with Fidelity.

Print Spouse Name

Spouse Signature | Date *MM-DD-YYYY*

SIGN

Notarization or Plan Representative Witness

(Notary only.) State of _____, in the County of _____, subscribed and sworn to before me by the above-named individual who is personally known to me or who has produced _____ as identification, that the foregoing statements were true and accurate and made of his/her own free act and deed, on _____ / _____ / _____.

Print Notary/Plan Representative Name

NOTARY SEAL/STAMP

Notary/Plan Representative Signature | Date *MM-DD-YYYY*

SIGN

(Notary only.) My commission ends on _____ / _____ / _____.

5. Signature and Date *Account owner/participant must sign and date.*

By signing below, you:

- Authorize Fidelity to act on all instructions given on this form.
- Accept all terms and conditions described in this form.
- Certify that all information you provided is correct to the best of your knowledge.
- Acknowledge that you have received the Special Tax Notice and, if applicable, the Forms of Benefit Notice and the Notice of the Waiver of the Qualified Joint and Survivor Annuity.

Print Participant Name

Jane A. Smith

Participant Signature | Date *MM-DD-YYYY*

SIGN

05/20/2026

Unless otherwise directed, return this completed form:

Digitally using the NetBenefits® Mobile App

Download the NetBenefits® app through the App Store® or Google Play™ store.

Tap: Actions > Send a Document

Or use one of these alternate methods:

Regular Mail
Fidelity Investments
PO Box 770002
Cincinnati, OH 45277-0090

Overnight Mail
Fidelity Investments
100 Crosby Pkwy, KC1E
Covington, KY 41015