

## IRA SELF-CERTIFICATION FOR ACCEPTANCE OF LATE ROLLOVER CONTRIBUTION

**IMPORTANT:** A self-certification is subject to verification by the Internal Revenue Service ("IRS") and is not an automatic waiver by the IRS of the 60-day rollover requirement. Ordinarily, an eligible distribution from a qualified plan or IRA to you can qualify for tax-free rollover treatment only if it is contributed within 60 days to another qualified account, such as a rollover IRA. On August 24, 2016, the IRS released a self-certification procedure under Rev. Proc. 2016-47 (Waiver of 60-Day Rollover Requirement) that may be used by a rollover IRA participant claiming eligibility for a waiver from the 60-day requirement. The rollover contribution will be reported to the IRS on Form 5498 as a late deposit. If the IRS determines in the course of an audit that the requirements for a waiver have not been met, you may be subject to additional income and excise taxes, interest and penalties.

1 IRA OWNER INFORMATION		
Name	Daytime Telephone	
Address		
City	State	Zip Code
Social Security Number	Date of Birth	
Account Number		
2 ROLLOVER AMOUNT AND REASONS F	OR LATE CONTRIBUTION	
Rollover Contribution Amount		
I certify that my contribution of \$listed below under Reasons for Late Contribution.	missed the 60-da	y rollover deadline for the reason(s)
☐ Check Enclosed		
☐ Rollover contribution previously processed on		_ (date)
I am making (or have made) this contribution as soo prevent me from making the contribution. I underst for a rollover and that, to complete the rollover, I m and with your rollover procedures.	and that this certification con	cerns only the 60-day requirement
Unless you have actual knowledge to the contrary, the conditions for a waiver of the 60-day rollove on this certification in determining whether the con	r requirement for the amount	t identified above. You may not rely
Reasons for Late Contribution		
I intended to make the rollover within 60 days a following reason(s) (check all that apply):	fter receiving the distribution	but was unable to do so for the
☐ An error was committed by the financial institution	on making the distribution or r	eceiving the contribution.
lue The distribution was in the form of a check and the	e check was misplaced and neve	er cashed.
☐ The distribution was deposited into and remained in (conti	n an account that I mistakenly to inued on reverse side)	hought was a retirement plan or IRA.

☐ 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.
$\Box$ The distribution was made on account of an IRS levy and the proceeds of the levy have been returned to me.
☐ The party making the distribution delayed providing information that the receiving plan or IRA required to complete the rollover despite my reasonable efforts to obtain the information.
3 IRA OWNER'S SIGNATURE
I declare that the representations made in this document are true and that the IRS has not previously denied a reques 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 understand that 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. I also understand that I should retain a copy of this signed certification with my tax records.
IRA Owner's Signature Date

When completed, mail this form to:

BNY Mellon Institutional Department P.O. Box 9882 Providence, RI 02940-8082 For Registered, Certified or Overnight Mail, please mail to:

BNY Mellon Institutional Department 4400 Computer Drive Westborough, MA 01581