Vanguard Rollover Contribution Request

Vanguard®

Macomb County Deferred Compensation Plan & Trust

Plan # 078097

I. Account Inforr	nation
Social Security #	
Name (Last, First, MI)	
Address	
City	State Zip
Date of Birth: (mm/dd/yyyy) Date of Hire: (mm/dd/yyyy)	
Daytime Phone #:	() Evening Phone #: ()
contributions, and/or Cash: Total a Note: The check sho Mail check and comp	Unote into the Macomb County Deferred Compensation Plan & Trust. I understand that the rollover may include salary reduction employer contributions, and the earnings thereon. mount of my rollover: suld be made payable to: Vanguard Fiduciary Trust Company FBO "Your Name", last 4 digits of Social Security Number eleted form to: Vanguard, ATTN: DC Plan, P.O. Box 982902, El Paso, TX 79998-2902 employer or institutional check, cashier's check, or money order. Personal checks are not accepted.
	Please check one: Qualified Plan Governmental 457 Traditional IRA
Please make a copy for (02/09/2022)	your records. T44955_022022
	Connect with Vanguard® > vanguard.com > 800-523-1188
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/. Investm		Please invest the enclosed rollo Make one of the two choices be		in the followir	ng manner. Allocations i	must be in increments of 1	%.
Please		d rollover money using my		nd allocation	IS.		
-OR		a remove memory demig my					
		ons for your rollover in the	boxes bel	ow.			
Target R	etirement Funds	If you choose this investmen contributions in one Vanguar	it approach	, you may wai etirement Fur	nt to consider investing	100% of your	
Fund Code	Fund Name		_		Fund Name		Allocation
000308	Vanguard Target Re	tirement Income Fund		000696	Vanguard Target Retir	ement 2040 Fund	
000303	Vanguard Target Re			000306	Vanguard Target Retir		
000682	Vanguard Target Re			000699	Vanguard Target Retir		
000304	Vanguard Target Re			001487	Vanguard Target Retir		
000695	Vanguard Target Re	tirement 2030 Fund		001691	Vanguard Target Retir		
000305	Vanguard Target Re			001791	Vanguard Target Retir		
Core and	l Supplemental I	Funds Or for the following lis	t of funds	ı snecify nercei			
	Fund Name				Fund Name	J.	Allocation
006742	Pioneer Bond Fund			003395	JPMorgan Small Cap	Growth Fund	
005119	Vanguard Inflation-F	Protected Securities Fund		000569	Vanguard Total Interna	ational Stock Index Fund	
000584	Vanguard Total Bon	d Market Index Fund		000581	Vanguard Internationa	I Growth Fund	
0000M4	Dodge & Cox Stock	Fund		007097	Columbia Overseas Va	alue Fund	
0000X5	Vanguard Total Stoo	k Market Index Fund		000033	Vanguard Federal Moi	ney Market Fund	
006689	T. Rowe Price Grow	th Stock Fund		003276	Wells Fargo Stable Va	lue Fund	
002494	American Beacon S	mall Cap Value Fund		007308	MFS Mid Cap Growth	Fund	
002576	Janus Henderson M	id Cap Value Fund				Your allocations must to	tal 100%
1. Qualified requiremen would resul 2. Governm requiremen Revenue Co. 3. IRA/Con plan, or gov distribution	I Plan. I have confirm to of section 401(a) of the disqualification. I hental 457(b) Plan. I los of section 457(b) of ode and the plan admit IRA. If the IRA in the prometrial 457(b) plan from the prior plan to	type I selected in section III saled that the plan has: (i) receive the Internal Revenue Code and have confirmed that the plan have confirmed that have confirmed to the plan have confirmed that have confirmed to the plan have confirmed to the plan have confirmed that have confirmed to the plan have confirmed to the plan have confirmed that have confirmed to the plan have confirmed that have confirmed that have confirmed that the plan has the plan have confirmed that the plan has the plan have confirmed that the	ed a favora nd the plan as (i) receivant (ii) the plan rovision or rious emplo to qualify for eceipt of th	ble IRS deternadministrator ved a private in is intended operation of the	mination letter; or (ii) the is not aware of any pro- letter ruling from the IRS to satisfy the requirement plan that would result or retirement plan, the postatus described above. The rollover from the IRS to satisfy the result of the resu	e plan is intended to satisfivision or operation of the plan confirming that the plan ents of section 457(b) of the lit in the loss of tax exemption plan was a qualified plan and I originally rolled over the consists of only pre-tax	meets the le Internal status. an, 403(b) er the
If the rollov 1. I was ent 2. The distr 3. I receive the 60-day Revenue P	er is an indirect rollove itled to the distribution ibution was not one of d the distribution from rollover deadline, I ha rocedure 2016-47 (av	rtifications for Indirect er, in addition to the above cer in from the prior plan or IRA as f a series of periodic payments the prior plan or IRA not more we completed and attached the ailable at irs.gov); and wer contribution would be taxable.	tifications, I an employe s; than 60 da e IRS mode	hereby certifee, IRA owner ays before the Certification	r, or spouse beneficiary intended rollover contri for Late Rollover Contr	ibution to the new plan, or	
		he certifications you have mad collover your distribution to the		e true and acc	curate. If any of the cert	ifications are not accurate	
is not eligi	ole for rollover and I	certifications above. I unders may be subject to adverse to at any certifications are incorre	ax conseq				
, 5,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		, 22220110 410 11100110		F	Please return this form	to:	
				U.	S. Mail	Overnight	
				Va	inguard	Vanguard	
					TN: DC Plan O. Box 982902	ATTN: DC Plan 5951 Luckett Court Suite	Λ2
Signature of	of Participant	Date			Paso, TX 79998-2902		; A2