## Primerica Shareholder Services

# **Recharacterization Request Form**

#### **INSTRUCTIONS:**

- Complete the attached Recharacterization Request Form.
- 2. Sign the form
- 3. Mail or fax the completed, signed form to:

Please send to:	Regular Mail	Overnight Mail

Primerica Shareholder Services P.O. Box 534485

Pittsburgh, PA 15253 – 4485

Client Service: (800) 544-5445 Fax Service: (833) 748-3938\* Primerica Shareholder Services

Attention: 534485 500 Ross Street, 154-0520 Pittsburgh, PA 15262

You may use this form if (1) you are recharacterizing a current year regular contribution(s), plus earnings, from a Traditional IRA to a Roth IRA, or from a Roth IRA to a Traditional IRA; (2) you may also use this form to recharacterize a prior year regular contribution, plus earnings, if requested by the tax filing deadline (including extensions) for the taxable year for which the contribution was made to the FIRST IRA.

\*Fax Service: If you have an existing account with PSS for the desired registration which the assets are to be deposited, you may fax the attached completed form for processing.

IMPORTANT: DO NOT USE this form to request a conversion from a Traditional IRA (including SEP IRAs, SARSEP IRAs, and SIMPLE IRAs) to a Roth IRA. Roth Conversions must be submitted on the POL-ROTHCON Roth Conversion form.

#### NOTE:

- · You can only recharacterize current or prior year contributions.
- The Tax Cuts and Jobs Act eliminates the option to recharacterize a conversion that occurs after 12/31/2017. A shareholder who does a conversion in 2018 or later may not instruct Primerica Shareholder Services to unwind the conversion. If callers have questions about how this may impact them please refer them to consult a tax advisor or contact the Internal Revenue Service at 1-800-829-3676. Primerica Shareholder Services does not offer tax advice. For Roth Conversions done in 2017 the deadline for Recharacterization was 10/15/2018 (tax filing plus extension).

#### **REQUIRED INFORMATION SECTION**

You must include the account owner's name, account number, social security number, and date of birth.

#### **SECTION 1 – RECHARACTERIZATION SELECTION**

• Select the check box to indicate you want to request a crossover / recharacterization between a Roth and Traditional account.

#### SECTION 2 - EARNINGS ATTRIBUTABLE TO A RECHARACTERIZED ATTESTATION

• Select the check box to attest you understand that Primerica Shareholder Services (PSS) will calculate the earnings / loss on the recharacterization and that you will accept the calculation estimated by PSS.

#### **SECTION 3 – CONTRIBUTION YEAR AND AMOUNT**

- Select one option: recharacterizing prior year contributions (the purchase was made during the last calendar year), or recharacterizing current contributions (purchase was made during this calendar year).
- If a contribution was made during this calendar year, but designated as a prior year contribution, this contribution is considered to be a prior year contribution.
- Select all shares to be recharacterized or select and provide the specific dollar amount to be recharacterized.

#### SECTION 4 - TYPE OF ACCOUNT TO PROCESS RECHARACTERIZATION INTO

NOTE: The assets must be recharacterized into the same fund and class of shares. For a recharacterization, Traditional IRA assets can only be placed into a Roth IRA, and Roth IRA assets only into a Traditional IRA.

- Select one of the options to indicate the account that the Recharacterization will be processed into.
- If you do not have an existing account, you must complete the appropriate New Account Application (SB-51) in order to open the relevant account type and process your request.
- · Optional Feature:
  - Select the check box if you are currently investing using the Pre-Authorized Draft (PAC) option and wish to stop this option.

### **SECTION 5 – SIGNATURE**

• The account owner must sign and date the form.

(This page retained by the Client)

(Continue)

Primerica Shareholder Services	Recharacterization Request Form			
REQUIRED INFORMAT	ION: Please complete	all information to avoid any de	elay in processing your request.	
Δccount Owner Name		Social Security Number	Date of Birth:	
Account Number:				
7 RECHARACTERIZATION SE	LECTION			
Select the check box				
Crossover / Recharacterization (Roth to Traditio	nal IRA or Tradition to Ro	th IRA)		
2 EARNINGS ATTRIBUTABL	E TO A RECHAI	RACTERIZED ATTEST	TATION	
Select the check box				
Earnings Attributable to be Recharacterized - P	SS will calculate the earn	ings / loss on the Recharacterizati	ion and I will accept the calculation estimated of PSS.	
<b>3</b> CONTRIBUTION YEAR AN	D AMOUNT			
current year contribution (purchase was made duri tion, this recharacterization would be considered a recharacterizations of regular Traditional IRA contr	ng this calendar year). If prior year recharacteriza ibutions, regular and Rotl ntribution was made if yo	a contribution was made during th ation. Please note that the Interna h IRA contributions. The automatic our taxes were filed timely. If you r	chase was made during the previous calendar year) or as a his calendar year but designated as a prior year contribu- al Revenue Service automatically extends the deadline for c extension is six months (generally, October 15 <sup>th</sup> ) from the recharacterize between April 15 <sup>th</sup> and October 15 <sup>th</sup> , you wil	
I am recharacterizing a PRIOR year contribution	n(s). O ALL	or O \$		
☐ I am recharacterizing a CURRENT year contribu	ition(s). O ALL	or O \$		
TYPE OF ACCOUNT TO PI	ROCESS RECH	ARACTERIZATION IN	то	
Select one option				
O To my existing Traditional IRA account number:				
O To a new Traditional IRA account, attached is m	y completed PSS Tradition	onal IRA application (SB-51).		
O To my existing Roth IRA account number:				
O To a new Roth IRA account, attached is my com	pleted PSS Roth IRA app	olication (SB-51).		
NOTE: The assets must be recharacterized into Roth IRA, and Roth IRA assets only into a Traditi		s of shares. For a recharacateriz	zation, Traditional IRA assets can only be placed into a	
Optional Feature:				
Stop the Pre-Authorized Draft (PAC) on my exist	ing PSS account.			
5   SIGNATURE				
I hereby affirm that the information given is true ar on this form.	d correct, and authorize	and request Primerica Shareholde	er Services to recharacterize according to the instructions	
X				
Account Owner's Signature		Date		

Please send to:

Primerica Shareholder Services / P.O. Box 534485, Pittsburgh, PA 15253-4485 | Fax: (833) 748-3938 (see fax service\*)