

**Baker Botts LLP 401(k) & Savings Plan**  
**ROTH IN-PLAN CONVERSION FORM**

**PERSONAL INFORMATION** (please print clearly using black or blue ink)

NAME: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ APT: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

DAY PHONE: \_\_\_\_\_ EVENING PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

**INSTRUCTIONS**

1. Please review and complete all applicable entries of this form to enable prompt processing.
2. Roth in-plan conversions (IPRC) are available to all active or inactive participants, beneficiaries, or an alternate payee that is a spouse or former spouse of the participant. The IPRC is processed in two steps (1) a withdrawal is processed and (2) the total value of the withdrawal is processed as a rollover contribution into the same investment funds.
3. If the amount available for conversion is less than the dollar amount requested, the IPRC will be processed for the maximum amount available.
4. The IPRC can take up to two (2) business days to process. If your request is received by Voya by 4:00 PM ET, it will be processed the next business day and the closing value will be on that day. If your request is received by Voya after 4:00 PM ET, it will be processed on the second business day after your form is received and the closing value will be on that second business day.

**PLEASE NOTE: ONCE THE CONVERSION TO ROTH HAS BEEN MADE, IT IS IRREVOCABLE.**

**IPRC WITHDRAWAL ELECTION**

**Amount Requested** (select one):

Full conversion of my entire non-Roth balance.

Partial conversion of my non-Roth balance (whole dollars or percentages only):

TOTAL DOLLAR AMOUNT \$ \_\_\_\_\_ OR PERCENT \_\_\_\_\_%

If partial conversion, indicate sources to convert:

<input type="checkbox"/> Employee Before-Tax	DOLLAR AMOUNT \$ _____	OR PERCENT _____%
<input type="checkbox"/> Employee After-Tax	DOLLAR AMOUNT \$ _____	OR PERCENT _____%
<input type="checkbox"/> Rollover	DOLLAR AMOUNT \$ _____	OR PERCENT _____%
<input type="checkbox"/> Partner Savings Plan Account	DOLLAR AMOUNT \$ _____	OR PERCENT _____%
<input type="checkbox"/> Staff Savings Contributions	DOLLAR AMOUNT \$ _____	OR PERCENT _____%
<input type="checkbox"/> Special Counsel Savings Contributions	DOLLAR AMOUNT \$ _____	OR PERCENT _____%
<input type="checkbox"/> Prior Company Profit Sharing Account	DOLLAR AMOUNT \$ _____	OR PERCENT _____%
<input type="checkbox"/> Prior Brumbaugh Matching Account	DOLLAR AMOUNT \$ _____	OR PERCENT _____%
<input type="checkbox"/> Prior Brumbaugh Plan Account*	DOLLAR AMOUNT \$ _____	OR PERCENT _____%

\*This account requires spousal consent. Please complete the Spousal Information/Consent section of this form.

**SPOUSAL INFORMATION/CONSENT**

**For Prior Brumbaugh Matching Account and Prior Brumbaugh Plan Account conversion amounts, spousal consent is required.**

Spousal consent must be witnessed by a Notary Public. The signature and seal of the Notary Public must appear below.

**Spousal Consent:**

I understand that my spouse is requesting a withdrawal from the Baker Botts LLP 401(k) & Savings Plan and that my consent may be required for this request to be honored. I waive any right I may have under the Plan to consent to or otherwise control whether my spouse makes this withdrawal from the plan while he or she continues to be covered by such plan. I understand that, with respect to any amount so withdrawn, I will not be entitled to any plan benefit in the event of my spouse's death.

Executed this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
**SPOUSE'S SIGNATURE**

\_\_\_\_\_  
**PRINT NAME**

**WITNESSED BY:**

\_\_\_\_\_  
**NOTARY SIGNATURE**

\_\_\_\_\_  
**PRINT NAME**

**FEDERAL AND STATE INCOME TAX WITHHOLDING**

**The amount of the Roth in-plan conversion is subject to ordinary income taxes in the year of the conversion. There will be no tax withholding on this conversion. You are advised to seek the advice of a qualified tax advisor prior to making this conversion.**

**AUTHORIZATION**

- I certify that the information I have provided is true, accurate and complete.
- I understand that I am responsible for any taxes and/or penalties that arise from the conversion of non-Roth assets to Roth assets.
- I understand that once my conversion is processed, it is irrevocable and the funds cannot be changed back to non-Roth funds.

**PARTICIPANT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**Please submit your authorized Roth In-Plan Conversion request form by fax or mail to:**

**FAX DELIVERY:**

Voya Financial  
Attn: Baker Botts LLP  
401(k) & Savings Plan  
1-888-378-7344

**US MAIL DELIVERY:**

Voya Financial  
Attn: Baker Botts LLP  
401(k) & Savings Plan  
P.O. Box 389  
Hartford, CT 06141

**OVERNIGHT DELIVERY:**

Voya Financial  
Attn: Baker Botts LLP  
401(k) & Savings Plan  
One Orange Way  
Windsor, CT 06095

**If you have any questions or need to obtain additional plan or account information, please go online at <http://retirementplan.voya.com> or call the Baker Botts LLP 401(k) & Savings Plan Service Center at 1-800-961-4015. Customer Service Associates are available Monday through Friday, 8:00 A.M. to 8:00 P.M. Eastern Time (excluding stock market holidays).**