

Rollover Contribution Request

Vanguard®

Phillips 66 Savings Plan

Plan # 099066

I. Personal Information (Please complete in ink.)

Please be aware that it is the participant's responsibility to ensure that Vanguard has the most current address on their retirement account. Please contact Vanguard to determine how to update your address.

Social Security #:	<input type="text"/>		
Name: (Last, First, MI)	<input type="text"/>		
Address:	<input type="text"/>		
City:	<input type="text"/>	State: <input type="text"/>	Zip: <input type="text"/>
Date of Birth: (mm/dd/yyyy)	<input type="text"/>		
Date of Hire: (mm/dd/yyyy)	<input type="text"/>		
Contact Phone #:	<input type="text"/>		

II. Rollover Amount

I elect to deposit a rollover into the Phillips 66 Savings Plan. I understand that the rollover may include salary reduction contributions (pre-tax and/or Roth), after-tax contributions, and/or employer contributions, and the earnings thereon. I understand that after-tax contributions can be rolled over only from another employer plan (not an IRA) and that a rollover of after-tax money may be accomplished only through a direct rollover. I understand that if any portion of a Roth distribution is not taxable, that portion of the distribution can only be rolled over through a direct rollover. Assets from a Roth IRA cannot be rolled into the plan.

Cash:	The amount of my pre-tax rollover is:	\$ <input type="text"/>
	The amount of my after-tax rollover is:	\$ <input type="text"/>
	The amount of my Roth rollover is:	\$ <input type="text"/>
	Total amount of my rollover is:	\$ <input type="text"/>
	The after-tax cost basis is:	\$ <input type="text"/>
	The Roth cost basis is:	\$ <input type="text"/>
	The Roth start date is: (Required)	<input type="text"/>

*If you are rolling over Roth 401(k) assets, documentation from your prior record keeper is required to confirm the Roth cost basis and Roth start date. Your Roth rollover **will not** be completed without this documentation.

*If you are rolling over after-tax assets, documentation from your prior record keeper is required to confirm the after-tax cost basis. Your after-tax rollover **will not** be completed without this documentation.

After-tax rollovers will be processed as Post-1986 money unless documentation clearly indicates Pre-1987 amounts.

Note: The check should be made payable to: **Vanguard Fiduciary Trust Company FBO "Your Name", last 4 digits of Social Security Number.** Mail check and completed form using the Mailing Instructions. Payment must be by employer or institutional check, cashier's check, or money order. **Personal checks are not accepted.**

III. Prior Plan Type (Please select one.) ☐ Qualified Plan ☐ Governmental 457 ☐ 403(b) ☐ IRA

Please make a copy for your records.
(06/27/2025)

T44540_062025

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IV. Investment Election Please invest the enclosed rollover check in the following manner. Allocations must be in increments of 1%. Make one of the two choices below.

- ☐ Please invest my eligible rollover money using my current fund allocations.
- OR-
- ☐ Choose new fund allocations for your rollover in the boxes below.

Target Retirement Trusts If you choose this investment approach, you may want to consider investing 100% of your contributions in one Vanguard Target Retirement Trust.

Fund Code	Fund Name	Allocation	Fund Code	Fund Name	Allocation
001686	Vanguard Target Retirement Income Trust Select	<input type="text"/>	001681	Vanguard Target Retirement 2045 Trust Select	<input type="text"/>
001676	Vanguard Target Retirement 2020 Trust Select	<input type="text"/>	001682	Vanguard Target Retirement 2050 Trust Select	<input type="text"/>
001677	Vanguard Target Retirement 2025 Trust Select	<input type="text"/>	001683	Vanguard Target Retirement 2055 Trust Select	<input type="text"/>
001678	Vanguard Target Retirement 2030 Trust Select	<input type="text"/>	001685	Vanguard Target Retirement 2060 Trust Select	<input type="text"/>
001679	Vanguard Target Retirement 2035 Trust Select	<input type="text"/>	001795	Vanguard Target Retirement 2065 Trust Select	<input type="text"/>
001680	Vanguard Target Retirement 2040 Trust Select	<input type="text"/>	00V008	Vanguard Target Retirement 2070 Trust Select	<input type="text"/>

Core Funds Or for the following list of funds, specify percentages in 1% increments.

Fund Code	Fund Name	Allocation	Fund Code	Fund Name	Allocation
005024	Vanguard Explorer Fund	<input type="text"/>	007557	Vanguard Institutional Total Bond Market Index Trust	<input type="text"/>
000573	Vanguard Windsor II Fund	<input type="text"/>	007559	Vanguard Institutional Extended Market Index Trust	<input type="text"/>
00N553	JPMCB Large Cap Growth Fund	<input type="text"/>	007558	Vanguard Institutional 500 Index Trust	<input type="text"/>
000046	Vanguard International Value Fund	<input type="text"/>	004903	Stable Value Fund	<input type="text"/>
000581	Vanguard International Growth Fund	<input type="text"/>	006342	Goldman Sachs Core Plus Fixed Income Collective Trust	<input type="text"/>
003251	DFA Emerging Markets Core Equity 2 Portfolio	<input type="text"/>	007495	Goldman Sachs Small/Mid Cap Equity Fund	<input type="text"/>
004900	Phillips 66 Stock Fund	<input type="text"/>	008167	Vanguard Institutional Total International Stock Market Index Trust	<input type="text"/>

Your allocations must total 100%

Note: If you fail to complete the investment elections above, your contribution will automatically be invested in the appropriate Vanguard Target Retirement Trust based on your age.

V. Authorization and Employee Certification

Employee certifications for direct and indirect rollovers

I hereby certify that the prior plan type I selected in section III satisfies the applicable requirements described below.

1. **Qualified Plan.** The plan has received a favorable IRS determination letter or the plan is intended to satisfy the requirements of section 401(a) of the Internal Revenue Code. The plan administrator is not aware of any provision or operation of the plan that would result in disqualification.
2. **403(b) Plan.** The plan is intended to satisfy the requirements of section 403(b) of the Internal Revenue Code and the plan administrator is not aware of any provision or operation of the plan that would result in loss of tax exempt status.
3. **Governmental 457(b) Plan.** The plan has (i) received a private letter ruling from the IRS confirming that the plan meets the requirements of section 457(b) of the Internal Revenue Code; or (ii) the plan is intended to satisfy the requirements of section 457(b) of the Internal Revenue Code and the plan administrator is not aware of any provision or operation of the plan that would result in the loss of tax exempt status.
4. **IRA/Conduit IRA.** If the IRA includes any money from a previous employer-sponsored retirement plan, the prior plan was a qualified plan, 403(b) plan, or governmental 457(b) plan that meets the requirements to qualify for tax-favored status described above, and I originally rolled over the distribution from the prior plan to the IRA within 60 days of my receipt of the distribution. The rollover from the IRA consists of only pre-tax money and earnings (i.e., amounts that would otherwise be taxable), and does not include any after-tax amounts or Roth IRA amounts.

Additional Employee Certifications for Indirect Rollovers

If the rollover is an indirect rollover, in addition to the above certifications, I hereby certify the following:

1. I was entitled to the distribution from the prior plan or IRA as an employee, IRA owner, or spouse beneficiary;
2. The distribution was not one of a series of periodic payments;
3. I received the distribution from the prior plan or IRA not more than 60 days before the intended rollover contribution to the new plan; and
4. The entire amount of this rollover contribution would be taxable to me if it were not rolled over.

Additional Employee Certification for rollovers from a SIMPLE IRA

If the rollover is from a SIMPLE IRA, I hereby certify that:

1. It has been at least two years from the date the first contribution was made to the SIMPLE IRA.

Note: It is important that all of the applicable certifications you have made above are true and accurate. If any of the certifications are not accurate, please do not attempt to roll over your distribution to the Plan.

I have read and acknowledge the certifications above. I understand that if any of the certifications made above are incorrect, my distribution is not eligible for rollover and I may be subject to adverse tax consequences as a result of the improper rollover. I agree to promptly notify my employer if I later discover that any certifications are incorrect.

Signature of Participant _____ Date _____

Mailing Instructions

U.S. Mail	Overnight
Vanguard	Vanguard
ATTN: DC Plan	ATTN: DC Plan
P.O. Box 982902	5951 Lockett Court Suite A2
El Paso, TX 79998-2902	El Paso, TX 79932