

401(k) ROLLOVER FORM

Plan Sponsor/Employer Name: _____

Follow the steps below to roll funds into your employer's retirement plan. Please note that money received as a rollover will be invested into your account in accordance with your investment election. If you have not made an investment election, please obtain and complete an election form from your plan administrator. (The applicable QDIA option will be used if no election is on file.)

STEP 1 - PERSONAL INFORMATION

Male Single
 Female Married

| | | | | |
|---------------|---------|-------------------|---------|-------|
| _____ | _____ | _____ | _____ | _____ |
| Name (Last) | (First) | (MI) | | |
| _____ | | _____ | _____ | _____ |
| Address | | City | State | Zip |
| _____ | | _____ | _____ | _____ |
| Email Address | | Social Security # | Phone # | |

STEP 2 - ROLLOVER DETAILS

The assets rolled over into this plan result from a distribution from a: (please check applicable boxes)

- | | | |
|---|--|--|
| <input type="checkbox"/> IRA (pre-tax contributions only) | <input type="checkbox"/> 401(k) Qualified Plan (pre-tax contributions) | <input type="checkbox"/> 403(b) Plan |
| <input type="checkbox"/> SIMPLE IRA | <input type="checkbox"/> Roth 401(k) Contribution | <input type="checkbox"/> Government 457 Plan |
| <input type="checkbox"/> Simplified Employee Pension Plan (SEP) | | |

Previous Plan/Account Name _____

Please indicate an approximate amount of rollover contributions below.

| | | | |
|-----------------------|------------------------------------|---|-----------------------|
| \$ _____ | \$ _____ | _____ | \$ _____ |
| Pre-Tax 401(k) Amount | Roth 401(k) Amount (if applicable) | Year 1st Roth 401(k) Contribution was Deposited | Basis for Roth 401(k) |

STEP 3 - ROLLOVER INSTRUCTIONS

Contact the financial institution that currently holds your retirement funds to request a rollover. Instruct them to complete the rollover check as follows:

Make check payable and mail to:

Please send this completed form to:

| | |
|------------------|---|
| _____ | _____ |
| Custodian Name | Company Name |
| _____ | _____ |
| | Mailing Address |
| _____ | _____ |
| Plan Name: | City, State, Zip |
| _____ | _____ |
| Mailing Address | Email |
| _____ | _____ |
| City, State, Zip | For questions or assistance contact an account specialist |

STEP 4 - PARTICIPANT SIGNATURE/DECLARATION

I may deposit only retirement funds that are allowed under my current employer's plan. I have verified with my current employer that these funds can be deposited according to plan provisions. By signing below I declare this information is correct.

| | |
|-----------------------|-------|
| X | _____ |
| Participant Signature | Date |