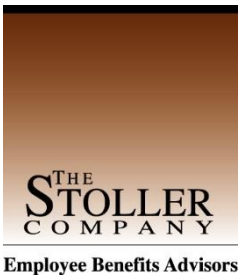

ROLLOVER FORM

Name:_____ Current Employer: _____

Social Security Number:_____ Date of Birth: _____Date of Hire_____

Address:_____ City:_____ST:_____ ZIP: _____

Daytime Phone: _____ Email _____

Financial Institution and /or Former Employer: _____

Contact Name: _____ Phone: _____

Address:_____ City:_____ ST:_____ ZIP: _____

Approximate Rollover Balance: _____

Type of Plan:

☐ **401(k)** ☐ **Profit Sharing** ☐ **Money Purchase** ☐ **403(b)** ☐ **Traditional IRA** ☐ **Rollover IRA**

☐ **Other** _____

☐ **Please attach your Financial Institution and/or Former Employer Distribution Form for this rollover.**

My signature below confirms that the information provided is accurate, my understanding of the preceding acknowledgements and that I am responsible for any tax consequences or penalties which may apply as a result of these transactions.

Participant Signature _____ **Date** _____

Current Plan Trustee Signature _____ **Date** _____