

ROLLOVER CONTRIBUTION APPLICATION

(Plan Name - required)

I hereby apply to make a rollover contribution to the above-named Plan.

I certify the source of the rollover is either a distribution from a plan which is or was qualified under Section 401(a) of the Internal Revenue Code at the time of the distribution ("Qualified Plan") or is from a 403(b) Plan, 457(b) Plan (maintained by a state government, a subdivision of a state government, or an agency or instrumentality thereof) or an IRA. I also certify that no part of this rollover consists of after-tax contributions I have made. (Note: not all plans permit rollovers, and some plans allow them only from other qualified plans—not from all sources listed here)

PLEASE PROVIDE THE FOLLOWING INFORMATION:

1. The distribution came from the following Qualified Plan, 403(b) Plan, 457(b) Plan or IRA:

(Name of Qualified Plan)

2. The name and address of the Trustee of the Qualified Plan, or Custodian of 403(b) Plan, 457(b) Plan or IRA (please check the box by the choice which applies):

Phone: (_____) _____

3. Date benefit paid from 403(b) Plan, 457(b) Plan or IRA: _____

The above information is true and complete, to the best of my knowledge. I understand that the trustees of the above-named plan may request additional information in order to ascertain this rollover contribution is eligible to be rolled over into this Plan. I also understand that the trustees are under no obligation to accept my rollover contribution. Upon acceptance for deposit into the above-named plan my rollover contribution is subject to the terms and conditions of the said Plan and Trust.

Date

Participant Name

Signature

TRUSTEE USE ONLY:

I certify I received \$ _____ from the above Participant as a rollover contribution on

(date)

Trustee