REQUEST FOR ROLLOVER OF PRIOR PLAN DISTRIBUTION

Please print or type information and return this form to your Plan Administrator at your employer's office.

TO: New or current Trustees of _____
(Name of Plan)

FROM: _____
(Participant Name)

_____ _____ _____
Social Security Number Date of Birth Date of Hire

1) I was a former participant in a qualified retirement plan established under IRC Section 401(a), sponsored by

_____ (Former Employer Name)
and hereby request that the above specified Plan accept a rollover contribution.

2) This money represents employer and/or salary deferral contributions only. I did not contribute any after-tax money to the plan.
Check either A or B:

❑ A) This contribution is an eligible rollover distribution from the prior plan and consists solely of previously untaxed contributions that my employer or I made, plus earnings.

❑ B) This rollover is from an IRA established solely with funds distributed to me from a qualified plan under IRC Section 401(a) and exempt from taxation under IRC Section 501(a). The IRA consists solely of previously untaxed contributions my employer or I made, (other than after-tax contributions plus earnings.

Check either C or D:

❑ C) I have attached a check, made payable to the Trustees of _____
_____(Present Employer)

❑ D) I have attached my check, which I have properly endorsed over to the trustees of _____
_____ (Present Employer)

NOTE: If 'C' is checked Trustees need to endorse payable to current investment.

3) I understand:

- That these funds, once deposited in the plan, will be subject to all provisions of the plan. Further I acknowledge that these funds will be subject to withdrawal restrictions of the above plan.
- That monies will not be deposited until both this rollover request and an enrollment form are on file.
- That my rollover must be deposited into the plan within 60 days of the date of distribution from a prior qualified plan or conduit Individual Retirement Account (IRA).
- I wish to have this rollover amount invested in the options that are available to me and in the manner indicated by my enrollment form.

SEE YOUR PLAN ADMINISTRATOR FOR AN ENROLLMENT FORM

_____ _____
Participant's Signature Date

_____ _____
Plan Administrator's Signature Date

***To complete rollover processing, please provide a copy of one of the following: a copy of your fund distribution statement, Plan determination letter, or Rollover IRA statement.*

The Benefit Companies, 2696 S. Colorado Blvd., #304, Denver, CO 80222
Phone: (303) 226-1000 FAX: (303) 226-1010