

How to Complete the Rollover Form

When to use this form: This form is used to invest prior plan money into your current retirement plan. Generally, you can roll assets from these types of plans: Qualified Plans (Including 401(k) Plans), SIMPLE IRAs in existence for at least 2 years, Conduit and Traditional IRAs (taxable non-Roth distributions only), 457(b) plans, and 403(b) tax sheltered annuity contracts.

Please note: if available, your existing Investment Allocations will be used. Otherwise monies will be invested in the Plan's Default Fund.

STEP 1 Verify with your employer that you are eligible to roll a prior account into your current plan.

Once you have confirmed eligibility, contact your prior plan or IRA provider to begin the rollover process. If you need assistance or have any questions, please call 1-877-401-5725.

STEP 2 Request a certified or bank check for your rollover.

The check should be payable to

Include your Social Security number and Plan number **760764** on the check.

Once you have your rollover check, complete the remaining steps and submit for processing.

STEP 3 I PARTICIPANT INFORMATION

Complete all the requested information in this section.

STEP 4 II ROLLOVER SOURCE

- Choose one rollover distribution source: Qualified Plan, IRA, 403(b), §457 or SIMPLE IRA (indicate the type of plan).
- When making a Qualified plan rollover, indicate whether it is related or unrelated to the current plan: (Most rollovers are not related.)
 - No–Unrelated - rollover is from a previous employer plan.
 - Yes–Related - rollover is from another plan of your current employer plan.

Note: If you do not check a box, we will understand you have certified that the rollover is from an unrelated employer.

STEP 5 III ROLLOVER TYPE AND AMOUNT

- Select the type of money you want to roll into the plan.
- For Roth 401(k) rollover amounts: complete the Contribution + Earnings = Total amount sections. Please refer to the distribution statement provided by prior 401(k) provider for this information.
- Indicate the date your Roth 401(k) contributions began. This date allows ADP to track your contribution for taxation purposes.
- All information is required to complete your rollover.

STEP 6 IV PARTICIPANT SIGNATURES AND ACKNOWLEDGMENT

- Read the Acknowledgment, sign and date the form at the bottom (participant signature).

STEP 7 Return to your Employer for the Plan Administrator's signature or your form and funds will be returned

- Give the completed form and check to your Plan Administrator to sign and submit for processing.

NOTE FOR PLAN ADMINISTRATORS: Review and approve the rollover distribution (see Plan Administration manual for information). The check should be payable to

Include your Social Security number and Plan number and send to:

on the check. Sign and date the form, attach the rollover check

Overnight Mail: ADP C/O FIS
 Attention: Lockbox 13399
 Lockbox Dept. Suite E
 100 Grove Road
 West Deptford, NJ 08066

Regular Mail: ADP NJ CRS
 P.O. Box 13399
 Newark, NJ 07101-3399

**Incomplete forms or forms submitted without financial deposits/checks will be returned.
 If you need assistance or have any questions, please call 1-877-401-5725.**



I PARTICIPANT INFORMATION

Social Security # _____
Employee Name (Last) _____ (First) _____ (Middle Initial) _____
Address (Street) _____ (Apt. # / PO Box#) _____
(City) _____ (State) _____ (Zip Code) _____
Birth Date (Month/Date/Year) _____ Hire Date (Month/Date/Year) _____
Email Address _____ Phone _____

How to Make the Check Payable:

A preprinted certified or bank check must accompany this form for the stated dollar amount. Handwritten checks will be returned to the Plan Administrator. Please include your Social Security Number and Plan Number _____ on the check made payable to:

II ROLLOVER SOURCE

This rollover is a distribution from: (Select one type of plan or account.)

- Qualified Plan \$403(b) Tax Sheltered Annuity \$457 Plan
- Individual Retirement Account SIMPLE IRA (Must be in existence at least 2 years.)

If Qualified Plan, is this rollover from a related employer? (Most rollovers are *unrelated*.)

- No Unrelated Yes Related

Note: If you do not check a box, we will understand you have certified that the rollover is from an unrelated employer.

III ROLLOVER TYPE AND AMOUNT

Select rollover type:

- Before-Tax 401(k): \$ _____
Total Rollover Amount
- Roth 401(k): \$ _____ (Contributions) + \$ _____ (Earnings) = \$ _____ Total Rollover Amount

Date Roth 401(k) contributions began: (If not provided, ADP will use date contribution is received) _____ / _____ / 20____

Note: Rollovers of Roth 401(k) monies may only be made via direct rollover and may not be rolled over from an IRA. Please refer to the distribution statement provided by your prior 401(k) provider for this information.

IV PARTICIPANT ACKNOWLEDGMENT, ROLLOVER INVESTMENT DIRECTION AND SIGNATURE

I have read and understand the Summary Plan Description, agree to the Plan provisions, received the Fee Disclosure Statement and reviewed and understand the fund prospectuses/descriptions, including the funds' objectives, risks, expenses and charges. By signing this form, I certify that:

- I am rolling over these funds within 60 days of the date I received them from an eligible employer plan or IRA (not applicable to direct rollovers).
- The rollover is from the source indicated and has not been combined with any money that would disqualify it.
- No portion of this rollover contribution represents amounts received as a hardship distribution from another employer plan.

How your money will be invested: I understand that if I do not have a plan account one will be established for my rollover contribution and invested in the plan default fund. Once my account has been established, I will be mailed my account access information and can make investment allocation changes through the plan website or Voice Response System. If I already have a plan account established, I direct that my rollover contribution be invested in accordance with my investment election on file.

Many investment companies have excessive trading and/or redemption fee policies for certain investments to eliminate or reduce the negative effects of short-term trading and market timing. When possible, ADP Retirement Services implements the investment company's market timing policy (as disclosed in the prospectus). However, in some circumstances ADP may impose a different policy than listed in the prospectus at the request or with the agreement of a fund company. Your plan investment options may be subject to these policies. See your plan website for your plan's fund policies and additional information.

Signature of Employee/Participant

Date

Return to your Employer for the Plan Administrator's signature or your form and funds will be returned.



Recordkeeping Plan # _____

Plan Administrator Approval/Signature: _____

Date Received: _____