

# DIRECT ROLLOVER REQUEST

RECIPIENT'S NAME AND ADDRESS			EMPLOYER'S NAME AND ADDRESS	
Recipient's Social Security Number	Recipient's Date of Birth	Recipient's Home Phone	Plan Name	Phone Number
IRA Account Identification			Plan Participant's Name	Plan Participant's Social Security Number

ROLLOVER INSTRUCTIONS	
Directly roll over <input type="checkbox"/> all or <input type="checkbox"/> part of my plan balance to my IRA, Qualified Retirement Plan, 403(b), or 457(b) Plan account in the manner listed below. Please make a check payable as follows. <i>(Select one of the following options.)</i>	
OPTION ONE	OPTION TWO
<p style="text-align: center;"><b>IRA</b></p> <p style="text-align: center;">_____ as (Name of Accepting Organization)</p> <p style="text-align: center;"><input type="checkbox"/> Trustee    <input type="checkbox"/> Custodian</p> <p>of the _____ IRA. (Name of IRA holder)</p> <p><b>CAUTION:</b> Do not place the assets in a SIMPLE, Roth, or Coverdell Education Savings Account.</p>	<p style="text-align: center;"><b>Qualified Retirement Plan, 403(b) Plan, or 457(b) Plan</b></p> <p style="text-align: center;">_____ as (Name of Accepting Organization)</p> <p style="text-align: center;"><input type="checkbox"/> Trustee    <input type="checkbox"/> Custodian</p> <p>of the _____, FBO (Name of Plan)</p> <p style="text-align: center;">_____ (Name of Individual)</p>

ASSET LIQUIDATION INSTRUCTIONS				
Asset Description	Quantity In Plan	Quantity To Be Rolled	Liquidate Immediately	Directly Rollover In Kind
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

REQUIRED MINIMUM DISTRIBUTION RESTRICTION
If this rollover is being made during or after the first year for which you must take a required minimum distribution, you may not roll over any distribution which would constitute a required minimum distribution from the distributing plan. Please check with your plan administrator for more information.

ROLLOVER ELECTION AND SIGNATURE
I have read and understand the IRC Sec. 402(f) Notice provided to me by the Plan Administrator. I understand the rules and conditions applicable to direct rollovers and certify that I qualify for a direct rollover of the funds or assets listed in the "Rollover Instructions" section of this Direct Rollover Request. Due to the important tax consequences of rolling funds over to an IRA or other qualified plan, I have been advised to see a tax advisor.
I hereby request payment from the plan designated above in the form of a direct rollover. I assume full responsibility for this direct rollover transaction and will not hold the Plan Administrator, Trustee or Custodian of either the distributing or receiving plans liable for any adverse consequences that may result.
I hereby irrevocably designate this contribution of the funds and/or property indicated above as a direct rollover contribution.
_____ (Individual)
_____ (Date)
_____ (Notary Public/Signature Guarantee)
_____ (Date)

ACCEPTING TRUSTEE OR CUSTODIAN
The plan designated by the above-named individual is a valid IRA, qualified retirement plan (as described in IRC Sec. 401(a)), a tax-sheltered plan (as described in IRC Sec. 403(b)), or deferred compensation plan as described in IRC Sec. 457(b). The undersigned hereby agrees to serve as the Trustee, Custodian or Plan Administrator for the account of the above-named individual and, in that capacity, agrees to accept the direct rollover of the assets listed above.
Account Identification of Accepting IRA or Plan _____
_____ _____ _____ _____
_____ (Authorized Signature of New Trustee, Custodian or Plan Administrator)
_____ (Date)