
(Plan Name)

ROLLOVER APPLICATION

EMPLOYEE'S NAME: _____ SOCIAL SECURITY NO: _____ - -

HOME ADDRESS: _____
Street City State Zip

DATE OF HIRE: _____ DATE OF BIRTH: _____

This application is being used to rollover funds into the above-named plan from the following qualified plan or individual retirement account:

- Section 401(a) Qualified Retirement Plan
- Section 403(b) Tax Sheltered Annuity
- Section 457(b) Governmental Plan
- Simplified Employee Pension Plan (SEP)
- Individual Retirement Account (IRA)

After Tax IRA contributions and ROTH IRAs are not eligible for rollover.

Name of Prior Employer's Retirement Plan (or IRA Custodian, if applicable) :

The amount to be rolled over is: _____ (Enter approximate amount)

A completed Beneficiary Designation form must be attached. Beneficiary forms may be obtained from your Plan Administrator.

By signing below you certify that the distribution you wish to rollover is a "qualified rollover contribution" as set forth in the Internal Revenue Code. You also certify that no portion of this rollover contains after-tax money. Furthermore, you hereby agree to immediately notify the Plan Administrator if you are later informed by the prior Trustee/Custodian that these funds are not eligible for rollover.

If it is subsequently determined by the Plan Administrator that this is not a "qualified rollover contribution", the ineligible amount will be returned with earnings within a reasonable time following such determination.

Appropriate documentation (distribution statement from prior plan, IRA asset statements, etc.) must be attached which illustrate that the requested rollover funds are eligible for rollover.

Employee Signature

Date

PRIOR PLAN ADMINISTRATOR / IRA CUSTODIAN CERTIFICATION

To the best of my knowledge, I hereby certify that the above amount is an Eligible Rollover Distribution from a qualified retirement plan or individual retirement account as specified above. **If applicable, please attach a copy of the determination letter for the qualified plan.**

Prior Plan Administrator/IRA Custodian

Date