Name of the Plan: _____

Rollover Acceptance Form

Please Print. Complete all applicable areas

Part I. Employee Information:

Name: _____ Social Security # X X X-X X -_ _ _ _

Address: _____ Date of Birth: _ _ /_ _ /_ _ _ _

City: _____ State: ___ ZIP Code: _____

Marital Status: ☐ Married ☐ Single

Account or Plan Number _____

Part II. Rollover Information: I elect to deposit into this Plan my Eligible Rollover Distribution from

- ☐ Qualified 401(a) or 401(k) Plan
- ☐ 403(b) Annuity Contract
- ☐ Government 457(b) Plan
- ☐ Individual IRA
- ☐ the _____ Plan sponsored by _____

Part III. Account Representation: The amount of my Rollover Account is $ _____(approximate value).

My Rollover Account includes

Note: For accurate accounting and tax reporting, please provide a statement with a breakdown of the value of the transferring account.

Part IV. Transferring Plan/Account Information:

Name of Plan or IRA: _____

Plan or IRA Name and Account Number

Financial Institution: _____

Trustee/Custodian: _____

Address: _____

City, State, Zip _____

Part V. Authorization: By signing this election form, I authorize the transfer of this Eligible Rollover Distribution into the _____ ("Plan"). I confirm that I have received sufficient information on the investment option and that I understand the investment risks involved in my election. I further understand that it is my responsibility to comply with the deferral limitations outlined in the Plan and in the Internal Revenue Code; therefore I confirm that all information regarding this Rollover Account is true and correct.

_____ _ _ /_ _ /_ _ _ _
Participant's Signature Date

Part VI. Plan Administrator Acknowledgement: I hereby acknowledge receipt of this ☐ Direct Rollover ☐ Participant Rollover on _ _ /_ _ /_ _ _ _, and the accuracy of the Employee Information.

_____ _ _ /_ _ /_ _ _ _
Plan Administrator Signature Date

Original
Date of Hire: _ _/_ _ /_ _ _

Rehired
Date_ _ /_ _ /_ _ _ _