

# Rollover/Transfer Application



Employee Name (Last, First, M.I.)		Social Security Number
Address		City, State, Zip
Employee Number	Date Of Birth	Employment Date

### Rollover/Transfer Source (check one)

This contribution is from a Plan Qualified under Internal Revenue Code Section 401(a).  
 Prior Plan Name

This contribution is from an Individual Retirement Account (IRA) which was established solely with funds distributed from a Plan Qualified under Internal Revenue Code Section 401(a).

### Rollover/Transfer Type (check one)

Rollover from Participant which consists solely of Company contributions, pre-tax employee contributions (if any) and earnings. No after-tax employee contributions are included in this Rollover. Additionally, this Rollover has been made within sixty (60) days of receipt.

Direct Rollover from another Plan which consists solely of Company contributions, pre-tax employee contributions (if any) and earnings. No after-tax employee contributions are included in this Rollover.

Direct Plan-to-Plan Transfer which consists solely of Company contributions, pre-tax employee contributions (if any) and earnings. No after-tax employee contributions are included in this Transfer.

### Rollover/Transfer Amount

I request that the Plan accept, for credit to my Rollover Account, a contribution in the amount of:

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### Employee Signature

Employee Signature	Date
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### Plan Administrator Signature

Plan Administrator	Date
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