





**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. Personal checks will be returned. Please include the last 4 digits of your Social Security Number and Plan Number on the check made payable to:

**II ROLLOVER SOURCE**

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

- Prior Employer Plan
- Individual Retirement Account (IRA)

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

- 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: \$ \_\_\_\_\_ Total Rollover Amount
- Roth: \$ \_\_\_\_\_ (Contributions) + \$ \_\_\_\_\_ (Earnings) = \$ \_\_\_\_\_ Total Roth Amount

Year Roth contributions began: (If not provided, ADP will use the year this rollover contribution is received) 20 \_\_\_\_\_

**Note: Rollovers of Roth 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 plan 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, required minimum distribution or periodic payment from another employer plan.
- I have attached the required documentation.

**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