



QP/401(k) Rollover Contribution Form

This form may be used to move retirement plan assets from a retirement plan or traditional or SIMPLE IRA into your employer's plan, if permitted. This form may NOT be used to request a rollover from this plan to another retirement plan. Missing or incomplete information may cause a delay in the process of your transaction.

PLAN INFORMATION	Plan Name _____ Plan Number _____																																				
PARTICIPANT INFORMATION	Social Security Number _____ First Name _____ Last Name _____ Address _____ City _____ State _____ Zip _____ Email Address _____ Phone Number _____																																				
ROLLOVER AMOUNT	<p>Complete this section and submit this form along with your check to the address listed in the <i>Mailing Instructions</i> section below.</p> Total amount of rollover contribution \$ _____. This rollover contribution is from the following type of plan: <input type="checkbox"/> Qualified Plan <input type="checkbox"/> Governmental 457(b) Plan <input type="checkbox"/> 403(b) Plan <input type="checkbox"/> 403(a) Plan <input type="checkbox"/> Traditional IRA <input type="checkbox"/> SIMPLE IRA																																				
ROLLOVER CONTRIBUTION INFORMATION	<p>Complete all applicable items. Please ensure that any amounts indicated below total the amount of the rollover contribution indicated above.</p> 1. The amount of my rollover contribution attributable to pre-tax contributions is \$ _____. 2. The amount of my rollover contribution attributable to Roth contributions* is \$ _____. a. The amount of the Roth contribution that is attributable to basis is \$ _____. b. The first year in which I made a Roth contribution to the plan from which my rollover is being made was _____ (specify). 3. The amount of my rollover contribution attributable to after-tax contributions* (other than Roth contributions) is \$ _____. The amount of the after-tax contribution that is attributable to basis is \$ _____. <i>*This plan must permit the rollover contribution type in order to accept this rollover contribution.</i>																																				
ROLLOVER INVESTMENT ELECTIONS	<p>Identify the fund(s) in which you would like your rollover contribution invested by selecting one of the boxes below. If neither option is selected, the rollover amount will be invested into the current elections on file or if you have not made prior elections, in the default investment designated by your plan.</p> <p>Option 1 <input type="checkbox"/> Invest my rollover contribution according to my current investment elections. (Check this box to invest your rollover contribution in the same funds and percentages that apply to your elective deferrals.)</p> <p>Option 2 <input type="checkbox"/> Invest my rollover contribution as described below. Elected percentages must be whole percentages and must total 100%. NOTE: Certain investment elections or funds may require prior set up of enrollment (e.g., investment models). Please check with your plan fiduciary for any conditions that may apply.</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:80%;"></th> <th style="width:20%; text-align: right;">Rollover Contribution Allocation Percentage (Use Whole Numbers Only)</th> </tr> <tr> <th style="text-align: center;">Fund Name</th> <th></th> </tr> </thead> <tbody> <tr><td>1. _____</td><td style="text-align: right;">_____ %</td></tr> <tr><td>2. _____</td><td style="text-align: right;">_____ %</td></tr> <tr><td>3. _____</td><td style="text-align: right;">_____ %</td></tr> <tr><td>4. _____</td><td style="text-align: right;">_____ %</td></tr> <tr><td>5. _____</td><td style="text-align: right;">_____ %</td></tr> <tr><td>6. _____</td><td style="text-align: right;">_____ %</td></tr> <tr><td>7. _____</td><td style="text-align: right;">_____ %</td></tr> <tr><td>8. _____</td><td style="text-align: right;">_____ %</td></tr> <tr><td>9. _____</td><td style="text-align: right;">_____ %</td></tr> <tr><td>10. _____</td><td style="text-align: right;">_____ %</td></tr> <tr><td>11. _____</td><td style="text-align: right;">_____ %</td></tr> <tr><td>12. _____</td><td style="text-align: right;">_____ %</td></tr> <tr><td>13. _____</td><td style="text-align: right;">_____ %</td></tr> <tr><td>14. _____</td><td style="text-align: right;">_____ %</td></tr> <tr><td>15. _____</td><td style="text-align: right;">_____ %</td></tr> <tr> <td style="text-align: right;">TOTAL</td> <td style="text-align: right;">100%</td> </tr> </tbody> </table>		Rollover Contribution Allocation Percentage (Use Whole Numbers Only)	Fund Name		1. _____	_____ %	2. _____	_____ %	3. _____	_____ %	4. _____	_____ %	5. _____	_____ %	6. _____	_____ %	7. _____	_____ %	8. _____	_____ %	9. _____	_____ %	10. _____	_____ %	11. _____	_____ %	12. _____	_____ %	13. _____	_____ %	14. _____	_____ %	15. _____	_____ %	TOTAL	100%
	Rollover Contribution Allocation Percentage (Use Whole Numbers Only)																																				
Fund Name																																					
1. _____	_____ %																																				
2. _____	_____ %																																				
3. _____	_____ %																																				
4. _____	_____ %																																				
5. _____	_____ %																																				
6. _____	_____ %																																				
7. _____	_____ %																																				
8. _____	_____ %																																				
9. _____	_____ %																																				
10. _____	_____ %																																				
11. _____	_____ %																																				
12. _____	_____ %																																				
13. _____	_____ %																																				
14. _____	_____ %																																				
15. _____	_____ %																																				
TOTAL	100%																																				

MAILING INSTRUCTIONS

Sign where indicated below and immediately mail a copy of this form and the **ORIGINAL** check payable to Matrix Trust Company to:

Regular Mail

Matrix Trust (DEN)
Attn: TPA 000142
PO Box 3595
New York, NY 10008-3595

Overnight Delivery

JPMorgan Chase – Lockbox Processing
Attn: Matrix Trust (DEN) – Lockbox 3595
4 Chase Metrotech Center
7th Floor East
Brooklyn, NY 11245

Reference "TPA000142" in memo line of the check.

REQUIRED MINIMUM DISTRIBUTION RESTRICTIONS

If this rollover contribution is being made during or after the first year for which you must take a required distribution, you cannot roll over any distribution which would constitute a required minimum distribution. Please check with your employer for more information about required minimum distributions.

AUTHORIZATION

I certify that I have read, understand and agree with the information in the instructions to this form. In addition, I certify that the rollover amount specified above qualifies as a rollover contribution and I irrevocably designate such amount as a rollover contribution. Furthermore, I hereby direct that the investment elections specified on this form be made in my plan account for the appropriate contribution type.

Signature of Participant _____ **Date** _____

REQUIRED

TO BE COMPLETED BY PLAN ADMINISTRATOR OR TRUSTEE

The distributing plan is a valid qualified retirement plan (as described in IRC Sec. 401(a)). The undersigned hereby agrees to serve as the Trustee or Plan Administrator for the account of the above named individual and, in that capacity, agrees to accept the rollover of the assets listed.

Name of Organization _____ Plan Number _____

Authorized Signature _____ **Date** _____

NOTE: To process this request in the most efficient manner, please utilize the website at www.GetRetirementRight.com.

Using the QP/401(k) Rollover Contribution Form

By completing this form and writing (or endorsing) your rollover check (if applicable) to the trustee or custodian, you can effect a rollover contribution to this plan. A rollover contribution is a tax-free movement of retirement plan assets from one retirement plan or a traditional or SIMPLE IRA into another plan. Your plan administrator may ask you for additional information in order to verify that the funds you are contributing qualify as a rollover contribution. Once completed, you should forward this form to your plan administrator for approval.

NOTE: *If this rollover contribution is being made during or after the first year for which you must take a required minimum distribution, you cannot roll over any amount which constitutes a required minimum distribution. Please check with your plan administrator for more information about this rule.*

Participant Information

Please complete the information requested in this section. Please be advised that the contact information will be used for purposes of this form only. If your information has recently changed, please ensure that it is also updated with your plan administrator. Your email address will be used only to collect any necessary information to fulfill this request.

Initiating Your Rollover

Contact your prior employer/investment company to request a distribution of your account balance. Please have a check made payable to: Matrix Trust Company Trustee/Custodian; FBO Participant's Name and Social Security Number. Reference "TPA000142" in memo line of the check.

Rollover Amount

Please indicate the exact dollar amount of your total rollover contribution.

Rollover Contribution Information

Please indicate the exact dollar amount of your rollover contribution that is pre-tax and after-tax. You must ensure that the amount entered in items 1-3, not including basis amounts, equals the total amount entered into the *Rollover Amount* section. If you are rolling over contributions that you previously paid taxes on, please include the basis amount(s) and if Roth contributions, the first contribution year. Basis is the amount of your net contributions less earnings.

Rollover Investment Elections

Please indicate the investment fund(s) into which your rollover contribution should be placed by selecting option one or option two. If you choose to invest your rollover contribution differently than you invest your other future contributions, locate the name(s) of the investment fund(s) in which you want your rollover contribution invested and enter the percentage (whole numbers only) of the contributions you want invested in each fund. You can invest in one fund or any combination of funds offered by your plan. Certain investment elections or funds may require prior set-up of enrollment (e.g., investment models). Please check with your plan fiduciary for any conditions that may apply. If you do not want any of your contributions invested in a particular fund, leave the corresponding percentage space blank. Please be sure that your percentages total 100 percent.

NOTE: *If no investment elections are made with regard to the rollover amount, the rollover amount will be invested in the current election on file or if you have not made prior elections, the default investment option designated by your plan. Please check with your plan administrator for more information about the default investment option.*

If you have any questions or need assistance completing the rollover request, contact your Participant Service Team at 888-917-7191.

Authorization

Participant

By signing and dating the form, you acknowledge that you have provided your plan administrator with accurate information and authorize the plan administrator to act on your request. Upon receipt of this form and your rollover contribution, the plan administrator is authorized to make your directed investment elections in your plan account as soon as administratively possible.

Plan Administrator

Please verify that:

1. Your plan document permits you to accept rollover contributions including that your plan document permits rollovers from the plan type elected on page 1.
2. The rollover contribution you are accepting qualifies for rollover treatment.
3. The information completed by the participant is accurate and complete.