

Retirement Plan Rollover Contribution Transmittal Form

This form should accompany your rollover contribution deposit.

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| PARTICIPANT INFORMATION | Social Security Number _____ First Name _____ Last Name _____ |
| ROLLOVER INFORMATION | Dollar amount of check \$ _____ (82) Date Sent to Trust (mmddyyyy) _____ Submitted by: Name _____ Date _____ Fax the separately completed Rollover Contribution Form and a copy of your check to Ascensus at (215) 648-4888 or mail it to Ascensus at: Ascensus, Inc. 200 Dryden Road Dresher, PA 19025 Attn: Investment Services And Mail a copy of your completed Rollover Contribution Transmittal Form and original check made payable to Frontier Trust to: Frontier Trust PO Box 10399 Fargo, ND 58106 Note: 1. <i>Your check must be payable to Frontier Trust.</i> 2. <i>Please include your social security number on your check.</i> 3. <i>If more than one rollover contribution is being sent, please use a separate Rollover Contribution Transmittal Form for each request.</i> If you have questions while completing this form, please contact the Plan Information Line at 1-866-547-8807. |