

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. This form may NOT be used to request a rollover from this plan to another retirement plan.

PARTICIPANT INFORMATION

Social Security Number _____
 First Name _____ Last Name _____
 Address _____
 City _____ State _____ Zip _____

ROLLOVER CONTRIBUTION INFORMATION

The amount of my rollover contribution is \$ _____
 The amount of my rollover contribution attributable to **after-tax** contributions is \$ _____
 The rollover contribution is from the following type of plan
 QP/401(k) Plan 403(a) Plan 403(b) Plan Eligible 457(b) Plan Traditional IRA SIMPLE IRA

ROLLOVER INVESTMENT ELECTIONS

Identify the fund(s) in which you would like your rollover contribution invested by selecting one of the boxes below. Missing or incomplete information may cause a delay in the processing of your transaction.

Option 1

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.)*

Option 2

Invest my rollover contribution and all other types of future contributions in my account as described below. *(Specify the percentage of each type of contribution you would like invested in each fund(s). If you have previously made investment elections for all other contribution types, you need only provide the investment election for the rollover contribution. If you do not have investment elections on file and do not provide them on this form, your rollover contribution investment elections will be used for all other future contributions.)*

Fund Code	Fund Name	Rollover Contribution Allocation Percentage (Use Whole Numbers Only)	All Other Future Contributions Allocation Percentage (Use Whole Numbers Only)
1. 01	American Funds Fundamental Invest R2	_____ %	_____ %
2. 02	American Funds SMALLCAP World Fnd R2	_____ %	_____ %
3. 03	American Funds Cap Wld Growth Inc R2	_____ %	_____ %
4. 04	American Funds Amer Balanced Fund R2	_____ %	_____ %
5. 05	American Funds EuroPacific Growth R2	_____ %	_____ %
6. 06	American Funds New Perspective R2	_____ %	_____ %
7. 07	American Funds AMCAP Fund R2	_____ %	_____ %
8. 08	Artisan Mid Cap Value	_____ %	_____ %
9. 09	American Funds Growth Fnd of Amer R2	_____ %	_____ %
10. 10	Cohen Steers Realty Fund	_____ %	_____ %
11. 11	American Funds Bond Fund of Amer R2	_____ %	_____ %
12. 12	American Funds US Govt Securities R2	_____ %	_____ %
13. 20	American Funds Money Market R2	_____ %	_____ %
14. 14	HIGH GROWTH MODEL	_____ %	_____ %
15. 15	MODERATE GROWTH MODEL	_____ %	_____ %
16. 16	BALANCED APPROACH MODEL	_____ %	_____ %
17. 17	CONSERVATIVE APPROACH MODEL	_____ %	_____ %
18. 18	CAPITAL PRESERVATION MODEL	_____ %	_____ %
TOTAL		100%	100%

Note: Any investment selections previously made via the participant website or the interactive voice response unit will be overridden with the investment selections specified above.

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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 _____

Plan Administrator Use Only

Signature of Plan Administrator _____ Date _____

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

Using the Rollover Contribution Form

By completing this form and writing (or endorsing) your rollover check (if applicable) to the trustee or custodian, you can affect 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 enter your social security number, full name, and address.

Rollover Contribution Information

Please indicate the exact dollar amount of your rollover contribution. You must ensure that the amount entered is exactly the same as the amount that appears on your rollover contribution check. If you are rolling over contributions that you previously paid taxes on, specify such amount. Finally, identify the type of retirement plan from which the rollover contribution is being distributed.

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, and all other future contributions, 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. 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%.

Note: If no investment elections are made with regard to the rollover amount and you have not made investment elections with regard to other future contributions, the rollover amount will be invested in the default investment option designated by your plan. Please check with your plan administrator for more information about the default investment option.

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.
2. The rollover contribution you are accepting qualifies for rollover treatment.
3. The information completed by the participant is accurate and complete.