

**PLAN**  
**NOTIFICATION OF A**  
**ROLLOVER CONTRIBUTION**

**Plan Sponsor:** \_\_\_\_\_

**Plan No.:** \_\_\_\_\_

**Participant Name:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Date of Hire:** \_\_\_\_\_

Each rollover contribution must be accompanied by this form signed by the Trustee/authorized plan representative. Rollover amounts will not be invested in the participant's account unless accompanied by such form.

The rollover contribution check should be made payable to the trustee of the plan for benefit of the participant. Example: "Trustee of XYZ Corp Savings Plan FBO Jane Doe". The Trustee should then endorse the check to their specific "Investment Company" (i.e., T.Rowe Price, Manulife, ING, Mass Mutual, etc.).

**Amount of Rollover: \$** \_\_\_\_\_

**Source of Rollover:** \_\_\_\_\_

**Ie: IRA, SIMPLE Plan, Other Qualified Plan (please specify plan name and type)**

I, the Plan Sponsor named above (or authorized plan representative), hereby:

1. Certify that I have reasonably concluded that the rollover check received by the our "Investment Company" with respect to the above mentioned participant is a valid rollover contribution and acceptable under the terms of the company's plan; and
2. Direct our "Investment Company" to allocate this rollover contribution according to the participant's latest allocation instructions on file with them unless additional investment instructions accompany this form.

I understand that if I later determine that the contribution was an invalid rollover contribution, I am responsible for informing our "Investment Company" and providing the necessary instructions to remove the contribution, plus any earnings attributable thereto, within a reasonable time after such determination.

\_\_\_\_\_  
**Signature of Trustee/Authorized Plan Representative**

\_\_\_\_\_  
**Date**