

# Rollover Contribution Form

## ABC Company 401k Retirement Plan

**PARTICIPANT INFORMATION** (Please Print Information Clearly)

Plan ID: ABC111111

Employee Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Hire: \_\_\_\_/\_\_\_\_/\_\_\_\_ Married: \_\_\_\_ Single: \_\_\_\_

Date of Rollover: \_\_\_\_/\_\_\_\_/\_\_\_\_

**ROLLOVER DEPOSIT**

I wish to roll over to the above named Plan the amount listed below. By completing this form, I hereby certify that this is qualified to be deposited into the Plan. (Please attach the distribution statement from the qualified plan.)

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

Date Check Issued: \_\_\_\_/\_\_\_\_/\_\_\_\_

Source of Funds:

- Another Qualified Plan (pre-tax)
- Another Qualified Plan (after-tax)
- Roth Account
- Governmental 457 Plan
- 403(b) Tax-deferred Arrangement

**INVESTMENT ELECTION**

I authorize my rollover contribution to be invested in the plan per my existing investment elections for rollover contributions. (Current plan participants only.)

I authorize all contributions to be invested as follows:

Am Beacon Acadian Emg Mkts Mgd Vol Fund (A)	ACDAX	_____ %	Lazard U.S. Small-Mid Cap Equity Fund (I)	LZSCX	_____ %
Am. Beacon Bridgeway Lg Cap Value Fund (A)	BWLAX	_____ %	Vanguard GNMA Fund (Inv)	VFIIX	_____ %
Blue Chip Investor Fund	BCIFX	_____ %	Am. Funds 2010 Target Date Retire. Fund (A)	AAATX	_____ %
Dodge & Cox International Stock Fund	DODFX	_____ %	Dodge & Cox Balanced Fund	DODBX	_____ %
Dreyfus Active MidCap Fund (A)	DNLDX	_____ %	Fidelity Adv. Convertible Securities Fund (I)	FICVX	_____ %
Dreyfus Disciplined Stock Fund	DDSTX	_____ %	Fidelity Adv. Strat. Dividend & Inc. Fund (I)	FSIDX	_____ %
Fidelity Advisor Biotechnology Fund (I)	FBTIX	_____ %	Invesco Balanced-Risk Allocation Fund (A)	ABRZX	_____ %
Invesco Asia Pacific Growth Fund (A)	ASIAX	_____ %	Federated Capital Preservation Fund (ISP)	CAPPR	_____ %
JPMorgan Small Cap Growth Fund (A)	PGSGX	_____ %	WT CIT III for Metlife GAC 25554 Fund (M)	N/A	_____ %
			<b>Must indicate whole percentages and total 100%</b>		<b>100%</b>

**SIGNATURES**

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Plan Administrator's Signature

\_\_\_\_\_  
Date

Please affix signature guarantee along with authorized signature, title and date.



A signature guarantee is a stamped or typed assurance by a financial institution that indicates a signature is valid.