

1 PARTICIPANT and PLAN INFORMATION			
PLAN NAME			
PARTICIPANT NAME		SOCIAL SECURITY NUMBER	
PARTICIPANT ADDRESS	CITY	STATE	ZIP CODE
INVESTMENT FIRM		ACCOUNT NUMBER	
EMAIL ADDRESS		PHONE NUMBER	
Plan Type: <input type="checkbox"/> Profit Sharing <input type="checkbox"/> Individual 401(k)			

2 INVESTMENT REPRESENTATIVE INFORMATION			
NAME			
ADDRESS	CITY	STATE	ZIP CODE
INVESTMENT FIRM	EMAIL ADDRESS	PHONE NUMBER	

3 ROLLOVER INFORMATION	
The total rollover value of retirement funds to this plan result from a distribution from; please select one:	
<input type="checkbox"/> 401(k) or other Qualified Plan	<input type="checkbox"/> IRA (pre-tax contributions)
<input type="checkbox"/> 403(b) Plan	<input type="checkbox"/> SIMPLE IRA
<input type="checkbox"/> Governmental 457 Plan	<input type="checkbox"/> Simplified Employee Pension Plan (SEP)
TOTAL VALUE OF ROLL OVER	
<input type="checkbox"/> My rollover contains After-Tax Contributions: Amount of non-Roth after-tax contributions (i.e., basis): \$ _____	
Please contact us if your rollover consists of Roth 401(k) Contributions.	

4 STEPS REQUIRED TO INVEST YOUR ROLLOVER DISTRIBUTION
<ul style="list-style-type: none"> • Verify with the Plan Sponsor that your plan permits rollover contributions. • Complete the Participant Information form and forward to Equity Trust Company. • Contact the financial institution that currently holds your retirement funds to request a rollover. • Make checks payable directly to your investment firm (this will minimize the amount of time needed to invest your retirement plan assets). • Complete this form with the amount of the rollover including any after-tax contributions. • Fax a copy to Equity Trust Company at 302-999-9554 or email a copy to DTS@EquityInstitutional.com.

5 PARTICIPANT and PLAN SPONSOR SIGNATURES	
I may roll over only retirement funds that are allowed under my current employer's plan. I have verified with my current employer that these retirement funds can be contributed according to retirement plan provisions. By signing below I declare that this information is correct:	
PARTICIPANT SIGNATURE	DATE
Based on the information above, this rollover contribution is acceptable according to the plan provisions. Equity Trust Company is directed to accept this rollover contribution. I am aware that it is the Plan Sponsor's responsibility to keep the appropriate records for any after-tax rollovers and to notify Equity Trust Company upon distribution of any after-tax retirement funds. By signing below I declare that this information is correct:	
PLAN SPONSOR SIGNATURE	DATE