

**REQUEST FOR DIRECT ROLLOVER FORM**

**Please print the following information:**

Name: \_\_\_\_\_ Social Security No: \_\_\_\_\_

As a participant in the above-referenced plan (the "Plan"), I hereby request my distribution from the Plan in the amount of \$ \_\_\_\_\_ be rolled over as provided below. A direct rollover may only be made to an IRA or a tax-qualified retirement plan.

Type of rollover:

**( ) IRA (Individual Retirement Account)**

Name on Account \_\_\_\_\_  
Name of Financial Institution  
managing IRA Account \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
IRA Account Number \_\_\_\_\_

( ) I have attached a statement from the financial institution in which my IRA is maintained acknowledging that an IRA has been established for my benefit to which this direct rollover can be deposited.

**( ) Qualified Plan**

Name on Account \_\_\_\_\_  
Name of Plan \_\_\_\_\_  
Name of Plan Administrator \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Address for Plan \_\_\_\_\_  
\_\_\_\_\_  
Plan Trustee \_\_\_\_\_  
Telephone Number of Trustee \_\_\_\_\_  
Address of Trustee \_\_\_\_\_  
\_\_\_\_\_

( ) I have attached a statement from the Plan Administrator of the plan to which this rollover is to be paid certifying that it is a qualified plan which will accept a direct rollover.

\_\_\_\_\_  
Date

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