Social Security #: ☐☐☐ – ☐☐ – ☐☐☐☐ **Phone #:** ☐☐☐ – ☐☐☐ – ☐☐☐☐

Employee Name: Last, First, Middle

Address: Street Apt. # / PO Box #

City State Zip Code

Birth Date: Month – Day – Year **Hire Date:** Month – Day – Year

I ROLLOVER INSTRUCTIONS

The Rollover Form is used to invest prior plan money in your Plan account. The rollover must be completed within 60 days of receipt of the distribution, come from another employer's plan or an IRA and represent all or a portion of a lump sum distribution, or an installment distribution of less than ten years. In the context of a direct rollover, in which the funds are never actually made payable to you, the 60-day period for completing a rollover is inapplicable.

Section II.A Check (✓) the appropriate box to identify the source of this Rollover.

Section II.B. Identify the total amount of the rollover. A certified or bank check must accompany this form for the stated dollar amount. Pre-printed checks are required. Handwritten checks will be returned to the Plan Administrator. **Please include your Social Security Number and Plan Number on the check made payable to STATE STREET BANK & TRUST CO.**

Section III. Read the acknowledgment, and then sign and date the form.

Note: If you have not previously enrolled in the Plan, you must complete a Beneficiary Form and give it to your Plan Administrator. Do not send to ADP.

II ROLLOVER AMOUNT/SOURCE

A. This rollover is a distribution from:

☐ Individual Retirement Account ☐ SIMPLE IRA (Must be in existence at least 2 years.) ☐ §457 Plan ☐ §403(b) Tax Sheltered Annuity

☐ Qualified Plan of (*check one*): ☐ an Unrelated Employer ☐ a Related Employer

Note: If you do not check a box, we will understand you have certified that the rollover is from an unrelated employer.

B. Select rollover type:

☐ Before-Tax 401(k) $ ☐☐☐☐☐☐☐ . ☐☐ TOTAL ROLLOVER AMOUNT

☐ Roth 401(k) $ ☐☐☐☐☐☐☐ . ☐☐ = $ ☐☐☐☐☐☐☐ . ☐☐ + $ ☐☐☐☐☐☐☐ . ☐☐

TOTAL ROLLOVER AMOUNT Contributions Earnings

NOTE: Rollovers of Roth 401(k) monies may only be made via direct rollover and may not be rolled over from an IRA.

III ACKNOWLEDGMENT, ROLLOVER INVESTMENT DIRECTION AND SIGNATURE

I have read and understand the Summary Plan Description, have completed the Beneficiary Form if I have not previously enrolled in the plan, and agree to be bound by the provisions of the Plan. I have also reviewed a current prospectus and description of each of the funds, and understand the objectives, risks, expenses and charges associated with each. I certify that:

- I received the distribution from the source indicated above within the last 60 days (60-day requirement not applicable in the case of a direct rollover.)
- The rollover is from the rollover source indicated above and has not been combined with any money that would disqualify the rollover.
- No portion of this rollover contribution represents amounts received as a hardship distribution from an employer plan.

If I do not yet have an account balance under the Plan, I understand that one will be established to hold my rollover, and I direct that my rollover contribution be invested initially in the Plan's default fund. If I do have an account balance under the Plan, I hereby direct that my rollover contribution be invested initially in accordance with my investment election then on file. I understand that if I do not yet have an account balance under the Plan, once an account is established to hold my rollover contribution, I may reallocate my account from the Plan's default fund in which it is then invested to another investment option or investment options available under the Plan by accessing my account through the Voice Response System or Web site. I understand that the Personal Identification Number needed to access the Web and Voice systems will be sent upon establishment of this account if this account is a new one.

In an effort to prevent short-term trading and market timing, many investment companies have established excessive trading and/or redemption fee policies for certain investments. ADP Retirement Services, whenever possible, implements the investment company's market timing policy (please review the fund's prospectus for information on a specific fund company's policies). However, there are instances when ADP Retirement Services may need to implement its own market timing policy, which could differ from the investment company's policy, in order to ensure compliance with the fund's prospectus. Because investment options in your retirement savings plan may be subject to these policies, please refer to your Plan Participant Web site (or, if the Web site is not available to you, call a Client Services Representative) for additional information.

Signature of Employee/Participant Date

FOR PLAN ADMINISTRATOR USE ONLY (MUST BE COMPLETED)

Company Code: ☐☐☐☐ Date Received: _____ Plan Administrator Approval: _____

Date Roth 401(k) contributions began: *(If not provided, ADP will use date contribution is received)* _____ / _____ / 20_____

Recordkeeping Plan #: 6 7 3 9 0 5