

Rollover Authorization Form

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INSTRUCTIONS: Contact your prior employer to get your rollover check, then complete Sections A and C of this form. **Rollover checks should be made payable to Wells Fargo Bank, N.A. Daily Retirement Services, FBO: PLAN NAME and YOUR NAME. Please include your name on the memo line of the rollover check.** Return the completed form with the check to your current employer for completion of Section D and page 2. Current Employer: **Mail the completed Rollover Deposit form and check to: Wells Fargo Bank, N.A. Daily Retirement Services, Funds Processing, Attn: ASP Team, 1525 West W.T. Harris Blvd., Building 3C5, Mail Code: D1116-055 Charlotte, NC 28288. Please fax or email all copies of completed forms and check to Pension Dynamics Corporation.**

SECTION A EMPLOYEE DATA (PLEASE PRINT OR TYPE)

Name of Current Company / Plan

Name

SSN

Home Phone

Address

Date of Hire

Date of Birth

Marital Status

SECTION B INVESTMENT DIRECTION (PLEASE COMPLETE)

We will apply your current investment direction unless you select different investment directions by calling Pension Dynamics Daily Link at 1-800-888-1998 or accessing our website, www.pensiondynamics.com.

NOTE: If you do not select your investment directions, your contributions and/or account balance will be invested in your plan's default investment direction.

SECTION C EMPLOYEE AUTHORIZATION

Your Retirement Plan accepts direct CASH rollovers from other qualified plans or from an existing Rollover Individual Retirement Account (IRA) that contains money from another tax-qualified plan, not including any after tax contributions.

Complete the following section for a rollover from an existing tax-qualified plan.

Fair Market Value of the total distribution: \$ _____ Amount to be rolled over: \$ _____

Former Company/Plan Name: _____

Is the Plan qualified under Section 401(a), 403(a), 401(k), 457, 408(a), or 408(b) of the Internal Revenue Code?

Yes No

I hereby certify the above information, to the best of my knowledge, is a true and accurate statement of the facts set forth and may be relied upon to determine the eligibility for rollover to a qualified plan. I further acknowledge that; I was entitled to the distribution as an employee, not as a beneficiary, the distribution was not one of a series of periodic payments, the distribution was received not more than 60 days before the date of the rollover contribution, and the entire amount being rolled over would be includible in my income if it were not being rolled over.

NOTE: Rollover checks should be made payable to Wells Fargo Bank, N.A. Daily Retirement Services, FBO: Plan Name, Your Name. Please include your name on the memo line of the rollover check

SIGNATURE AND DATE REQUIRED

Participant Signature

X

Date

Complete the following section for a rollover from a Rollover IRA.

Fair Market Value of the total distribution: \$ _____ Amount to be rolled over: \$ _____

Have any non-deductible IRA contributions (i.e., \$3,000 type) been made to this account?

Yes If yes, this IRA is not eligible to be rolled into the Plan.

No

I hereby certify the above information, to the best of my knowledge, is a true and accurate statement of the facts set forth and may be relied upon to determine the eligibility for rollover to a qualified plan. I further acknowledge that the contribution to the conduit IRA was made not more than 60 days after I had received payment from the distributing plan, no amounts other than distributions from qualified plans were contributed to the conduit IRA, and the distribution from the conduit IRA was made not more than 60 days before the rollover contribution to the recipient plan.

NOTE: If you have not previously completed a Beneficiary Designation Form, you must complete one now!

SIGNATURE AND DATE REQUIRED

Participant Signature

X

Date

SECTION D PLAN TRUSTEE / PLAN REPRESENTATIVE AUTHORIZATION

Approved Denied

Signature

X

Date

Rollover Check Deposit Form

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Rollover checks should be made payable to:

Wells Fargo Bank, N.A. Daily Retirement Services, FBO: The Plan Name, YOUR Name.

THIS SECTION – TO BE COMPLETED BY EMPLOYEE and SUBMITTED WITH ROLLOVER CHECK

Name of Plan To Deposit Money Into (required)

Participant Name

SSN(last 4 digits)

Email Address

XXX-XX- _____

Address

City, State and Zip

Daytime Phone Number

Evening Phone Number

Cell Phone Number

Amount of Rollover Check to be Deposited:

\$

SIGNATURE AND DATE REQUIRED

Participant Signature

Date

X

CURRENT EMPLOYER:

Mail/Overnight the rollover check with this completed form to:

Wells Fargo Bank, N.A. Daily Retirement Services
Funds Processing
Attn: ASP Team
1525 West W.T. Harris Blvd.
Building 3C5, Mail Code: D1116-055
Charlotte, NC 28288