

**PARTICIPANT'S ELECTION FOR DIRECT ROLLOVER
OF ELIGIBLE ROLLOVER DISTRIBUTION**

I hereby elect to make a direct rollover of either:

- all of my eligible rollover distribution, or
- a portion of my eligible rollover distribution in the amount of \$ _____

from the Plan to the eligible retirement plan listed below. To the extent that I do not elect a direct rollover of all of my eligible rollover distribution, the portion not transferred by direct rollover shall be paid directly to me. I understand that the amount paid directly to me shall be subject to mandatory withholding in the amount of 20 percent (20%).

In making this election, I certify to the following: (check only one box)

Qualified Plan (New Employer's Plan)

I am currently employed by the sponsor of the New Plan.

The New Plan is, or is intended to be, a qualified plan under section 401(a) of the Internal Revenue Code which accepts rollovers by its terms, or an annuity plan under section 403(b) of the Internal Revenue Code.

The New Plan will accept the direct rollover for my benefit.

If so requested, I have provided a copy of a written statement evidencing the above items to the plan administrator of the Old Plan.

Individual Retirement Account (IRA)

I have established my individual retirement account ("IRA") with an authorized bank or other financial institution.

The IRA is, or is intended to be, an individual retirement account under section 408(a) of the Internal Revenue Code.

The IRA will accept the direct rollover for my benefit.

If so requested, I have provided a copy of a written statement evidencing the above items to plan administrator of the Old Plan.

Therefore, I hereby direct the plan administrator to make payment of my eligible rollover distribution to the following:

Make check payable to: _____

fbo (your name): _____

Account # (if required): _____

Address: _____

Participant's Signature: _____ Date: _____