____________________ ROLLOVER FORM

(Plan Name)

______________________ allows employees and plan participants to rollover existing qualified

(Plan Name)

money into the retirement plan. If someone wishes to roll money into the plan, please follow the instructions below:

1. Obtain withdrawal forms from the previous retirement plan sponsor or provider.
2. Instruct them to issue a check payable to:
   Name of Asset Custodian: Nationwide

   fbo: ____________________________

   (Participant's Name)

   Account #: ______________________________
3. When the check is received, it should be given to the Plan Trustee, the Trustee will forward the check and this completed form to ThePensionSpecialists, Ltd.
4. Mail the check and this completed form to The**Pension**Specialists, Ltd., P.O. Box 2048, Loves Park, IL 61130-0048.

~~~~~~~~~~ This form must be signed and returned with the rollover check. ~~~~~~~~~~

As Trustee of the ____________________, I certify that the pre-tax assets being transferred into

(Plan Name)

our Plan are tax qualified. This rollover should be credited to the account of:

____ ______________________

Participant's Name Social Security Number

____ ______________________

Trustee Signature Date

NOTE: If any portion of this rollover is from a Roth account we will need to know the amount attributable to the Roth contributions as well as the first year of the Roth contributions.

Amount attributable to Roth Contributions: ____

Year of first Roth Contributions: ____

Contact our Customer Service Representative at (815) 394-5500 or 1-800-963-5501 with your questions.
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