



TRANSFER IN ROLLOVER INFORMATION REQUEST
(From former Employer Plan to Current Employer Plan)

Note: The plan will not accept money transferred from a 457 plan or a Roth IRA

Name of Current Employer Plan: _____

Participant Name: _____

Social Security Number: _____

Approximate Amount you wish to rollover to this plan \$ _____

Name of former Employer Plan that you wish to have your funds transferred from (if applicable):

Is the transfer (from) plan a qualified retirement plan under Section 401 of the IRS Code?
 Yes No

Is this money is being transferred from an IRA? Yes No

Is this money is being transferred from a 403(b) plan? Yes No

**EMPLOYEE CERTIFICATION
CONCERNING ROLLOVERS TO THE PLAN**

I certify that this transfer is in accordance with the terms of the Plan. I also agree to indemnify and hold harmless the Plan Sponsor, the Recordkeeper and its affiliates, and their respective officer, directors, shareholders, affiliates and agents from and against any loss, liability, cost or expense which may or may have incurred or sustained, by reason of any claim which may be made against any of them in connection with or as a result of this transfer.

Signature of Participant: _____ Date _____

Print Name: _____