

**RTQHK'UJ CTRPI '623*MRNCP"
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Participant Name	
Social Security Number	
Name of prior plan/IRA	
Estimated rollover amount	

Please complete Part I when doing a rollover from a prior plan or IRA and return the completed form to your Plan Administrator. Please note that you must first complete an investment election form specifying how the rollover will be invested. If you require assistance in determining whether any part of your prior qualified plan or IRA consists of after-tax or non-deductible contributions, please consult your Plan Administrator.

I. PARTICIPANT CERTIFICATION

Complete one of A through D, and complete the certification in item E below.

- A. Qualified Plan. (Please attach a copy of the plan's latest IRS favorable determination letter or a letter from the plan's administrator stating that the plan is qualified).
- B. 403(b) Plan.
- C. State 457(b) Plan.
- D. IRA

The amount rolled over from the sources specified above must otherwise be a completely taxable distribution and may not consist of a return of any non deductible or after tax contributions or rollovers.

E. Certification

I hereby certify that the conditions for a rollover specified above are met and the information provided is complete and accurate.

Participant Signature

Date

II. PLAN ADMINISTRATOR ACCEPTANCE

I hereby authorize the rollover into the _____ Plan as describe above.

Plan Administrator's Signature

Date

V3.07-4.02