

ROLLOVER CONTRIBUTION FORM



Tulalip Tribes of Washington Employees' Retirement Plan

PARTICIPANT INFORMATION

Form fields for participant information: Last Name, First Name, Middle Initial, Address, City, State, Zip, Date of Birth, Date of Hire, Social Security Number, Email Address.

INSTRUCTIONS

- 1. Request a distribution form from your prior employer's plan administrator.
2. Complete the form you receive from your prior employer's plan administrator. You will be asked to provide instructions about where you want your account/funds sent. Enter the following information on the form:

ISSUE CHECK TO: Reliance Trust Company
REFERENCE: Tulalip Tribes of Washington Employees' Retirement Plan
FBO: (For the benefit of) Participant Name:
SEND CHECK TO: Reliance Trust Company
1100 Abernathy Road
500 Northpark, Suite 400
Atlanta, GA 30328-5646

- 3. Return the completed form to your prior employer's plan administrator.
4. Complete this Rollover Contribution Form and turn it in to your Benefits Coordinator for acceptance. This form will then be provided to Invesmart so that your rollover transaction can be properly tracked.
5. If you have previously made investment elections, your rollover contribution will be invested according to your current elections. If you have not already done so, complete an investment election form for the Tulalip Tribes of Washington Employees' Retirement Plan. If Invesmart does not receive an Investment Election, all contributions will be placed into the default fund selection.
6. Wiring instructions are available. Please contact your internal Benefits Coordinator for additional information.

ROLLOVER AMOUNT AND SOURCE (select one)

[] \$ _____ will be transferred via [] check or [] wire directly to "Tulalip Tribes of Washington Employees' Retirement Plan" representing a rollover contribution from my previous employer's retirement plan,

Name of previous employer's plan

[] \$ _____ will be transferred via [] check or [] wire directly to "Tulalip Tribes of Washington Employees' Retirement Plan" representing a direct rollover from my rollover or regular IRA previously held at,

Name of Custodian or Trustee

[] Enclosed for credit to my account under this plan is a check in the amount of \$ _____. This check, made payable to me, is drawn from the account of an eligible retirement plan or individual retirement account and has been endorsed by me to this plan.

Name of previous retirement plan or individual retirement account

Does this rollover contain After-tax dollars? [] No [] Yes, I understand it is my responsibility to provide the total after-tax contribution made to the IRA or Qualified Plan. This amount must be provided to the Plan Administrator prior to the investment of this rollover. \$ _____

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EMPLOYEE SIGNATURE AND CERTIFICATION

- I hereby certify that, to the best of my knowledge, the rollover contribution made to this plan is eligible for rollover. I understand that the maximum amount eligible for rollover is the amount that would have been includible in income was it not for the rollover. Furthermore, I understand that these funds will be subject to all provisions of the plan.
- I understand that my rollover account will be invested in the same manner as my other contributions as indicated by my current Investment Election on file with Invesmart, Inc.
- If I am over age 70½, I attest that none of the amount to be rolled over will include the required minimum distribution for the current year pursuant to Section 401(a)(9) of the Internal Revenue Code.
- I further certify that if an eligible rollover check was paid directly to me and the proceeds are indirectly rolled over to this plan, I have made the rollover no later than the 60th day following the date on which the distribution check was issued.
- In the event of my death the proceeds of this account will be allocated to my designated beneficiaries. If I have made no beneficiary designation prior to this rollover contribution, the death benefit will be paid according to the provisions stated in the plan document.

Participant Signature _____ **Date** _____

PLAN SPONSOR AUTHORIZATION

As authorized representative of the "Tulalip Tribes of Washington Employees' Retirement Plan", I hereby accept the rollover contribution on behalf of the above employee. I have reviewed the above rollover request and, to the best of my knowledge, this rollover contribution meets the eligibility requirements of the plan and is deemed to be an eligible rollover contribution.

Signature of authorized Plan Representative _____ **Date** _____