



Enclosed is the rollover contribution form you requested. The rollover contribution form is to be used by participants who are requesting to roll money into their existing qualified retirement plan from another qualified retirement plan or conduit IRA. **To ensure accurate and timely completion of your rollover contribution, please carefully read and follow all of the instructions below:**

1) Obtain a rollover check from your qualified retirement plan or conduit IRA. The check should be made payable to:

Wells Fargo Bank, N.A.

Trustee for: _____
(qualified plan name)

For benefit of: _____
(participant name)

2) Complete all sections of the attached rollover contribution form.

3) If the distribution from your prior plan was paid directly to you (i.e. the distribution check was made payable to you and not to a rollover institution for your benefit), then you are required to provide the following additional documentation: (i) an IRS Determination Letter covering your previous employer's plan (contact your previous employer for a copy of such IRS Determination Letter), or (ii) a letter from your previous employer certifying that the distributing plan is qualified.

4) Include any required documentation, if specified in the attached rollover contribution form and mail the form, check, and required documentation to:

**Retirement Services
DSR-NC8521
1525 West WT Harris Blvd
Charlotte, NC 28262-8522**

5) If wiring the rollover proceeds, please send the form and required documentation before the wire to ensure timely completion of your rollover contribution and wire funds to:

Wachovia Bank, N.A., A Wells Fargo Company
Charlotte, North Carolina
ABA#053000219
DDA#5000000016439

Account name: _____
(plan name)

Account code: _____
(plan code)

Attention Employee Benefits Branch #795
Retirement Services

Your rollover contribution will be invested based on your current investment election. If an election has not been established, your rollover will be invested according to your plan's default investment. You may change the way your rollover is invested at anytime by contacting Participant Account Services.

If you have any questions regarding the rollover form or instructions, please call Participant Account Services at 1-800-377-9188. One of our representatives will be happy to assist you.

Retirement Services Incoming Rollover Contribution

Section I – General Information

Plan name: _____
Participant name: _____ Social Security Number: _____
Participant address: _____ Birth date: _____

Hire date: _____
Phone: _____

Section II – Rollover Contribution

I wish to roll over the following proceeds: \$: _____

Please specify the funds as pre-tax, after-tax or Roth:

Pre-tax funds: \$ _____

After-tax funds: \$ _____ (basis) \$ _____ (earnings)
(Post 1986)

After-tax funds: \$ _____ (basis) \$ _____ (earnings)
(Pre 1987)

Roth funds: \$ _____ (basis) \$ _____ (earnings)

*Please provide the date of your initial Roth contribution: ____ / ____ / ____

Note: If your Roth distribution was paid to you directly, only Roth earnings can be rolled over. Basis may not be rolled into another qualified plan and your Roth contribution date starts over.

Name of previous employer's qualified plan: _____

Date you received the distribution: ____ / ____ / ____

(You may not rollover money that has been held outside a tax-sheltered investment for more than 60 days.)

Section III – Required Information (If the distribution from your prior plan was paid directly to you.)

To ensure timely processing of your rollover contribution, please attach either: (i) an IRS Determination Letter covering your previous employer's plan (contact your previous employer for a copy of such IRS Determination Letter), or (ii) a letter from your previous employer certifying that the distributing plan is qualified.

Section IV – Authorization

I certify, that this rollover amount is comprised only of money from a qualified plan or conduit IRA and has not been held outside a tax shelter investment for longer than 60 days. In addition, if the distribution check from my prior plan was made payable directly to me, I understand that this rollover must be received and deposited to my account within 60 days of receipt of the distribution.

Participant Signature

Date

To ensure accurate and timely completion of this rollover contribution, please carefully **read and follow the instructions detailed on the accompanying cover letter.** If you have any questions, please contact Participant Account Services at 1-800-377-9188.

ATTACH ROLLOVER CHECK HERE