

Rollover Contribution Form

This form may be used to move retirement plan assets from a retirement plan or traditional or SIMPLE IRA into your employer's plan, if permitted. This form may NOT be used to request a rollover from this plan to another retirement plan. Missing or incomplete information may cause a delay in the process of your transaction. Please be advised that no handwritten notes or instructions will be accepted or considered when this form is processed. Contact the Participant Service Center at 1-800-569-4903 if you have any questions about how to complete this form. However, please contact your plan administrator if you have questions about the provisions of your plan as they relate to this form.

EMPLOYEE INFORMATION	Social Security Number _____ First Name _____ Last Name _____ Address _____ City _____ State _____ Zip _____ Email Address _____ Phone Number _____ NOTE: If your address has changed, please contact your plan administrator.
ROLLOVER AMOUNT	Complete this section and submit this form along with your check to the address listed in the <i>Form Submission Instructions</i> section below. Please ensure that your check is made payable to: Ascensus Trust; FBO Participant's Name; Plan ID Number. Total amount of rollover contribution \$ _____. The rollover contribution amount is being rolled over from the following provider: Name of Institution _____ This rollover contribution is from the following type of plan: <input type="checkbox"/> Qualified Plan <input type="checkbox"/> Governmental 457(b) Plan <input type="checkbox"/> 403(b) Plan <input type="checkbox"/> 403(a) Plan <input type="checkbox"/> Traditional IRA <input type="checkbox"/> SIMPLE IRA
ROLLOVER CONTRIBUTION INFORMATION	Complete all applicable items. Please ensure that any amounts indicated below total the amount of the rollover contribution indicated above. 1. The amount of my rollover contribution attributable to pre-tax contributions is \$ _____. 2. The amount of my rollover contribution attributable to Roth contributions* is \$ _____. a. The amount of the Roth contribution that is attributable to basis is \$ _____. b. The first year in which I made a Roth contribution to the plan from which my rollover is being made was _____ (specify). 3. The amount of my rollover contribution attributable to after-tax contributions* (other than Roth contributions) is \$ _____. The amount of the after-tax contribution that is attributable to basis is \$ _____. <i>*This plan must permit the rollover contribution type in order to accept this rollover contribution.</i>
ROLLOVER INVESTMENT	Amounts rolled into the Plan will be invested based on how your contributions are currently being allocated or, if none, will be invested in the default investment fund in accordance with the terms of the custodial agreement for your plan. Please contact your plan administrator if you would like to transfer amounts invested in the default fund into different funds or change current investment elections.
REQUIRED MINIMUM DISTRIBUTION RESTRICTIONS	If this rollover contribution is being made during or after the first year for which you must take a required distribution, you cannot roll over any distribution which would constitute a required minimum distribution. Please check with your plan administrator for more information about required minimum distributions.
AUTHORIZATION	I certify that I have read, understand and agree with the information in the instructions to this form. In addition, I certify that the rollover amount specified above qualifies as a rollover contribution and I irrevocably designate such amount as a rollover contribution. Furthermore, I hereby direct that the investment elections specified on this form be made in my plan account for the appropriate contribution type. Name of Employee _____ Signature of Employee _____ Date _____ Authorized Plan Representative Use Only Name of Authorized Plan Representative _____ Signature of Authorized Plan Representative _____ Date _____

**FORM SUBMISSION
INSTRUCTIONS**

Please forward this completed *Rollover Contribution Form* to your plan administrator for approval. Once approved, please mail a fully executed copy of this form and the **ORIGINAL** check to:

Regular Mail

Ascensus Trust
PO Box 10399
Fargo, ND 58106-0399

Overnight Delivery

Ascensus Trust
1655 43rd Street South
Suite 100
Fargo, ND 58103

Please be advised that all forms are processed in the order received. Incomplete or inconsistent information on the form may delay processing of your request. If you have questions while completing this form regarding your plan's provisions, please contact your plan administrator. If you have questions about how this form should be completed, please contact the Participant Service Center at 1-800-569-4903.

Using the Rollover Contribution Form

By completing this form and writing (or endorsing) your rollover check (if applicable) to the trustee or custodian, you can effect a rollover contribution to this plan. A rollover contribution is a tax-free movement of retirement plan assets from one retirement plan or a traditional or SIMPLE IRA into another plan. Your plan administrator may ask you for additional information in order to verify that the funds you are contributing qualify as a rollover contribution. Once completed, you should forward this form to your plan administrator for approval.

Please be advised that no handwritten notes or instructions will be accepted or considered when this form is processed. Contact the Participant Service Center at 1-800-569-4903 if you have any questions while completing this form.

NOTE: *If this rollover contribution is being made during or after the first year for which you must take a required minimum distribution, you cannot roll over any amount which constitutes a required minimum distribution. Please check with your plan administrator for more information about this rule.*

Participant Information

Please complete the information requested in this section. Please be advised that the contact information will be used for purposes of this form only. If your information has recently changed, please ensure that it is also updated with your plan administrator. Your email address will be used only to collect any necessary information to fulfill this request.

Initiating Your Rollover

Contact your prior employer/investment company to request a distribution of your account balance. Please have a check made payable to: Ascensus Trust; FBO Participant's Name; Plan ID Number. You may include the Plan ID in the memo section of the check if your institution is unable to include this information in the payable line.

Rollover Amount

Please indicate the exact dollar amount of your total rollover contribution.

Rollover Contribution Information

Please indicate the exact dollar amount of your rollover contribution that is pre-tax and after-tax. You must ensure that the amount entered in items 1-3, not including basis amounts, equals the total amount entered into the *Rollover Amount* section. If you are rolling over contributions that you previously paid taxes on, please include the basis amount(s) and if Roth contributions, the first contribution year. Basis is the amount of your net contributions less earnings.

Rollover Investment

The rollover amount will be invested in the current election on file or, if you have not made prior elections, the default investment option designated by your plan. Please check with your plan administrator for more information about the default investment option. Please contact your plan administrator if you would like to transfer amounts invested in the default fund into different funds or change your current investment elections.

Authorization

Employee

By signing and dating the form, you acknowledge that you have provided your plan administrator with accurate information and authorize the plan administrator to act on your request. Upon receipt of this form and your rollover contribution, the plan administrator is authorized to make your directed investment elections in your plan account as soon as administratively possible.

Authorized Plan Representative

Please verify that:

1. Your plan document permits you to accept rollover contributions including that your plan document permits rollovers from the plan type elected on page 1.
2. The rollover contribution you are accepting qualifies for rollover treatment.
3. The information completed by the participant is accurate and complete.

Processing Time

All forms are processed in the order received. Incomplete or inconsistent information on the form may delay processing of the transaction.