



RETIREMENT PLAN SERVICES

ROLLOVER CONTRIBUTION FORM

Participant Information (please print)

Name: _____
 Street Address: _____
 City: _____
 State: _____ Zip: _____
 Employer: _____
 Job Classification: _____
 Sex : Male Female

Social Security Number: _____
 Telephone Number: _____
 Date of Birth: _____
 Date of Hire: _____
 Union Name: _____
 Union Local Number: _____
 Marital Status: Single Married
 Divorced Widowed

Rollover Information

Prior Company Name: _____
 Name of Retirement Plan from which funds were distributed: _____
 Prior Plan Contact and Phone Number: _____
 Date of Distribution: _____
 Amount of Rollover: \$ _____

Invest the rollover contributions as shown below.* *Please use whole numbers, not fractions.*

BlackRock Health Sciences Opportunities Fund (A) – SHSAX _____ %	Loomis Sayles Bond Fund (Admin) – LBFAX _____ %
Allianz RCM Global Technology Fund (A) – RAGTX _____ %	MainStay Institutional Bond Fund (I) – MYBIX _____ %
AIM Small Cap Growth Fund (A) – GTSAX _____ %	MainStay Government Fund (A) – MGVAX _____ %
Fidelity Advisor Mid-Cap Fund (T) – FMCAx _____ %	NYL Ins. Co. Anchor Account II- SEP25TRAC _____ %
Columbia Small Cap Value Fund II (A) – COVAX _____ %	Fidelity Advisor Freedom Income Fund (A) – FAFAX _____ %
Goldman Sachs Mid Cap Value Fund (A) – GCMAX _____ %	Fidelity Advisor Freedom 2010 Fund (A) – FACFX _____ %
American Funds Washington Mutual (R3) Investors Fund – RWMCX _____ %	Fidelity Advisor Freedom 2015 Fund (A) – FVFX _____ %
MainStay S&P 500 Index Fund(A) – MSXAX _____ %	Fidelity Advisor Freedom 2020 Fund (A) – FDFX _____ %
BlackRock Capital Appreciation Fund (A) – SRLAX _____ %	Fidelity Advisor Freedom 2025 Fund (A) – FATWX _____ %
Van Kampen Equity & Income Fund – ACEIX _____ %	Fidelity Advisor Freedom 2030 Fund (A) – FAFEX _____ %
Alliance Bernstein International Value Fund – ABIAX _____ %	Fidelity Advisor Freedom 2035 Fund (A) – FATHX _____ %
	Fidelity Advisor Freedom 2040 Fund (A) – FAFXX _____ %
	Total: 100 %

Type of Rollover (check one)

- A. **Participant-Transmitted Rollover**
 Attached is my eligible rollover distribution from a qualified retirement plan to roll over into the above referenced Plan. I understand the rollover must be made within sixty (60) days of receipt of the distribution and may include only that part of my distribution that is an eligible rollover distribution.
- B. **Direct Rollover from Trustee**
 Participant must request transferring party to include Plan name (as above), participant’s name and SSN on check or wire information.
- C. **Direct Rollover from an IRA consisting solely of a distribution from a qualified plan**
 Participant must request transferring party to include Plan name (as above), participant’s name and SSN on check or wire information.



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Required Documentation

Attach one of the following to this form:

- The distribution statement form from your previous employer's plan
- Your 1099-R form

If you are rolling money over from a Conduit IRA, you must also provide your distribution statement or latest statement of participation from the institution that maintained your IRA.

Participant Certification

I certify that this rollover represents all or part of the taxable portion of a qualified total distribution from my previous employer's qualified plan. I received the distribution from the former qualified plan (or Conduit IRA) within the last sixty (60) days. If the rollover is from a Conduit IRA, I rolled it into that IRA within sixty (60) days of receiving the distribution from my former employer's qualified plan. I have placed no additional money into the Conduit IRA other than rollover contributions from qualified plans.

Participant's Signature

Date

This form, any required attachments and a check (if applicable) in the amount for the rollover contribution must be received by the Plan Administrator within sixty (60) days of your receipt of a qualified total distribution.

Please mail form, check and attachments to:

**Supplemental Income 401(k) Plan
Defined Contribution Group
P.O. Box 8338
Boston, MA 02266-8338**

Please return a copy of this form to your employer.