

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:

Trustee for: Wachovia Bank N.A
(qualified plan name)

For benefit of: _____
(participant name)

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

3) Attach the rollover check to the rollover contribution form.

4) Include any required documentation, if specified in the attached rollover contribution form and mail the form, check, and required documentation to your Plan Administrator for Authorization.

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

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

Account name: _____
(plan name)

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 1-866-679-7077. One of our representatives will be happy to assist you.

Section I - General Information

Plan name: _____ Social Security number: _____
Participant name: _____ Birth date: _____
Participant address: _____ Hire date: _____
_____ Phone: _____

Section II - Plan Administrator Verification

The plan administrator verifies the following:

- The participant has provided documentation to our satisfaction that the monies offered are acceptable for rollover to our qualified plan.
- The monies have not been held outside a tax-sheltered investment for longer than 60 days.
- The monies are: (please insert the correct dollar amount in each blank.)
Pre-tax funds in the amount of \$ _____
After-tax funds in the amount of \$ _____

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 1-866-679-7077.

ATTACH ROLLOVER CHECK HERE

If wiring funds please check this box