

ROLLOVER FORM

Name of Employee (First/Middle Initial/Last): _____ Social Security #: _____

Address: _____ Date of Birth: _____

City, State, Zip: _____ Date of Hire: _____

Phone Number: _____ Type: Cell / Home (circle one) Email: _____

As an Employee in the Plan, you must direct the investment of your future and current contributions by use of the internet website or a toll free number. If you do not currently have access, see your retirement plan contact for login information. Please be sure to see your investment advisor and the investment fund material (prospectus) for information on the funds.

I wish to deposit the enclosed rollover check for \$_____ to the above named Plan. I understand the deposit will be in accordance with my current investment elections in place at the time of deposit. If I have not elected to direct the investment of my account, I understand that my funds will be invested in the default fund for the Plan as selected by my Employer. I also certify that this rollover is an eligible rollover distribution according to IRS regulations. As the owner of the rollover assets, I understand that it is my responsibility to be aware of the risks and liabilities of the intended rollover with regard to my personal exposure to liability claims and claims of creditors. These risks may vary from state to state and the Employer and/or Trustee(s) cannot accept responsibility for managing that risk for the individual employees.

SOURCE: This rollover is from an eligible retirement plan described as follows (please check one):

- 401(a) Qualified Plan: **Pre-tax** (such as a Pension, Profit Sharing, 401(k) Plan or Simple 401(k) Plan)
- 401(a) Qualified Plan: **After-tax** - Roth 401(k) Plan (selection of the Roth 401(k) source requires a statement of total Roth Basis and Roth Year from the previous qualified plan. Direct qualified plan transfer only.)
- Traditional/Conduit IRA** (A conduit IRA is an IRA that holds only assets that have been properly rolled over from a qualified retirement plan defined by Code Section 401(a). I certify this IRA does not include any after-tax amounts and that I will not have reached age 70 1/2 by the end of the year in which the checks are issued.)
- 403(b)**
- Governmental 457**
- Simple IRA**
- SEP**

TYPE: Please indicate rollover type (please check one):

- UnRelated** - I certify the enclosed rollover check is the result of a transfer or rollover from a plan that is not maintained by the same employer (or related employer) of the above named plan.
- Related** - I certify the enclosed rollover check is the result of a transfer or rollover from another plan maintained by the same employer (or related employer) of the above named plan.

Please have the check made payable to: _____, FBO Employee's Name.

The check and this completed form must be mailed to: PAI
PO Box 60, 1300 Enterprise Dr
De Pere, WI 54115-0060

Please ensure all sections are completed as incomplete forms will delay the deposit of funds.

I understand that these funds, once deposited in the Plan, will be subject to all provisions of the Plan. My signature indicates acceptance of the available options for directing current and future investments and accessing Plan options.

Employee's Signature

Date

Authorized Employer Representative

As an Authorized Employer Representative of the Plan, I certify that I have followed the necessary requirements outlined in the rollover instructions to ensure the money is eligible to be rolled over into the Plan.

Authorized Employer Representative's Signature

Date

Print Name