

Vanguard Plan

(Plan Name)

403(b)(7) / 401(a) / 401(k) Retirement Plan

Rollover Contribution

Rollover Instructions

1. Contact previous employer to obtain applicable forms and approval to initiate distribution out of prior plan.
2. Ensure that check is made payable to:

"Vanguard Fiduciary Trust Company"
FBO Participant Name and SS#

3. Complete and return this Rollover Form along with your check to:

The Vanguard Group
P.O. Box 1101
Valley Forge, PA 19482
Attn: Plan Number

*Depending on your plan provisions authorization from your employer may be required. If your plan requires authorization please obtain a signature from your benefits office.

If you have any questions regarding your rollover or how to complete this form please contact our Participant Services Department at 1-800-523-1188

Account Information

Social Security # - -

Name

(Last, First, MI)

Address

City

State

Zip

Date of birth

(mm/dd/yyyy)

 - -

Check here if address listed
above is a new address.

Date of hire

(mm/dd/yyyy)

 - -

Rollover Amount

I elect to deposit a rollover into my Employer's Retirement Savings Plan. I understand that the rollover may include salary reduction contributions, and/or employer contributions, and the earnings thereon.

Cash: The amount of my Pre-Tax rollover is: \$

The amount of my After-Tax rollover is: \$

Total amount of my rollover: \$

The After-Tax Cost Basis: \$

Prior Plan Type (please check one):

- Qualified Plan** **Governmental 457** **Other:** _____
 403(b) **IRA**

Note: After Tax-rollovers can only come from an Employer Plan (not an IRA) and must be a Direct Rollover.

Investment Election

I hereby direct all amounts be invested in the following manner. Allocations must be in whole % and the total must equal 100%.
If you would like to elect additional Funds, please attach a separate sheet.

Fund Code	Fund Name	Allocation
Your allocations must total 100%		<input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="0"/>

Note: If you fail to complete the investment elections above, your contribution will automatically be invested according to your current fund allocations.

Authorization

Signature of Employee

Date

Signature of Plan Administrator

Date

