

Participant's Full Name _____

Social Security Number or ITIN _____

Section 4. Rollover Source Information

Rollover Amount \$ _____ Prior Plan Name _____

Also enclosed is a letter from the Plan Administrator of the prior Plan stating that the Plan is an eligible retirement plan (including an IRA). This rollover represents employer or salary deferral contributions only, (no after-tax contributions). I understand that this amount, if accepted, will be subject to all provisions of the Plan.

Section 5. My Certification

I made the investment direction choices elected on this form. I received the Summary Plan Description and Fund's current prospectus. I received the Eligible Rollover Distribution/Tax Notice and consent to the rollover indicated on this form. I certify, under penalties of perjury, that this is a distribution from an eligible retirement Plan and that it is an eligible rollover distribution; no part of the distribution is attributable to contributions made while being a key employee in the top-heavy Plan; everything I said on this form is true, correct and complete; my Social Security Number or Individual Taxpayer Identification Number shown above is correct; I am not a resident of any nation, state, or locality other than as shown on this form.

I understand that I might be subject to civil penalties and criminal penalties and punishment for any knowingly false statement on this form or any papers attached to or related to this form or my claim under the Plan. If the Plan, an insurer, or a custodian pays or fails to pay any benefits in reliance on my false statement, I will be liable for the damages, including (but not limited to) investigation expenses and lawyers' and legal assistants' fees.

X Participant's Signature _____ Date _____

You must submit this form to your employer for his/her signature in the next section. CitiStreet will not process this request until your employer has completed the Employer/Plan Administrator Instruction and Approval Section below.

**Section 6. Employer/Plan Administrator Instruction and Approval**

You the employer, as Plan Administrator, accept this rollover in and Plan investment direction, and have reviewed the form to ensure all necessary information has been completed.

Plan Administrator's Name (print full name): _____

Participant's Date of Hire: _____

X Plan Administrator's Signature: _____ Date: _____

Employer/Plan Administrator MUST keep original form for the Plan's records.

Please mail copy of this form complete with Plan Administrator's Signature, along with a check made payable to CitiStreet LLC, FBO (participant's name) to: CitiStreet, PO Box 828276, Philadelphia PA 19182-8276.