



1. Participant Details

Participant Name

Mailing Address (must match address on file)

Street

City

State

ZIP

Soc. Sec. No.

Cama Acct. No.

(Leave blank if new account)

Phone

Email

Employer

2. Rollover Details

Date of Rollover initiated

Form of Rollover:

In Cash (check or wire)
Amount: \$

In Kind
Specify:

I hereby certify that my employer's plan (or my IRA, if applicable) has made or will make Eligible Rollover Distribution which is either being:

- This is a Direct Rollover from one Custodian to another Custodian
- I am rolling over no later than the 60th day after receiving the Eligible Rollover Distribution.

I hereby certify that I am eligible to make this rollover contribution with this Rollover/Direct Rollover of an Eligible Rollover Distribution, and that I am a:

- Participant
- Spouse beneficiary
- Spouse (or former spouse of a participant under a Qualified Domestic Relations Order (QDRO))

Part A: Source of Rollover/Direct Rollover Contributions (select one)

- 1. Traditional funds from an eligible employer plan or an IRA
- 2. Designated Roth Contributions from an eligible employer plan
- 3. In-Plan Roth Rollover

Part B: Rollover/Direct Rollover from a Qualified Plan

I certify that the following statements apply relative to this rollover.

- 1. This Rollover/Direct Rollover is not part of a series of payments over my life expectancy(ies) or over a period of 10 years or more.
- 2. This transaction does not include any "after tax" employee contributions made by me to the employer's plan.

3. This transaction does not include any required minimum distributions with respect to the employer's plan.
4. This transaction does not include hardship distributions made after December 31, 1998 from any employer's 401(k) or 403(b) plan.

Part C: Rollover from an IRA

- I certify that the following statements apply relative to this rollover.
1. The IRA is a Conduit IRA, and no part of the IRA represents any funds other than an eligible rollover distribution from an eligible employer plan.
 2. The IRA includes IRA contributions, funds other than an eligible rollover distribution from an eligible employer plan.
 3. No part of the funds being rolled over from the IRA to the Qualified Plan represent basis in the IRA.
 4. This rollover to a Qualified Plan is being made within 60 days of my receipt of funds from an IRA.
 5. This rollover does not include any required minimum distributions with respect to this IRA that has not already been satisfied from another one of my IRA accounts.

Part D: Rollover after Age 72 Complete, if applicable, in addition to either Part B or C.

This Distribution was received:

This Distribution:

- Is an outstanding rollover as of the prior December 31st.
- Is NOT an outstanding rollover as of the prior December 31st.

Complete only if the rollover contribution is being made **after the Participant's Required Beginning Date**.

- I certify that this rollover does not include any required minimum from the distributing plan, or I certify that I have already satisfied my required minimum for the Plan being rolled over from another Plan.

3. Signatures

I understand that this will not be a valid rollover unless Parts A through D above, as applicable, represents correct statements.

I acknowledge that, due to the complexities involved in the tax treatment of distributions from Qualified Plans and Conduit Individual Retirement Accounts, the Trustee/Custodian has recommended that I consult with my tax advisor or the Internal Revenue Service before completing this transaction to make certain that this transaction qualifies as a rollover and is appropriate in my individual circumstances. I release the Trustee/Custodian from any claim for damages on account of the failure of this transaction to qualify as a valid rollover.

I authorize this transfer to or from CamaPlan for alternative investment and recordkeeping purposes. I understand that no contributions or distributions will

take place out of this account without written documentation from the trustee and the Third Party Administrator (TPA). I understand vesting should be in the "Plan Name" FBO "plan participant name". I authorize CamaPlan to provide all record keeping information to the plan trustee and/or the (TPA). I understand that I, my trustee, and/or my TPA are responsible for all reporting to federal and state taxing authorities including, but not limited to, contributions, distributions, tax returns, fair market values(FMV), etc. and CamaPlan is only providing record keeping services. I understand that CamaPlan has no fiduciary responsibility for any investment choices I make. I understand that CamaPlan does not render tax, legal, accounting, investment, or other professional advice. If tax, legal, accounting, investment, or other similar expert assistance is required, the services of a competent professional will be sought.

Participant's Signature (for above text)

Date

Trustee Signature

Date

Third Party Administrator Signature

Date

[Medallion Guarantee Stamp]
(if required)

4. Trustee and/or TPA Acceptance

I understand that this rollover has been sent and that no contributions or distributions from this account will occur without my written knowledge and authorization.