

# Transfer/Rollover Form Instructions

## 1. YOUR INFORMATION

Please provide personal information requested.

## 2. EMPLOYER PLAN RECEIVING ASSETS

Please provide us with information about the plan receiving your assets. The chart below provides general guidelines about the portability of assets. If you do not know what type of plan you are sending your assets to, call a Retirement Services Specialist at 1-800-343-0860.

General Rules for Availability of <b>Rollovers</b> For Eligible Pre-Tax Contributions and <b>Transfers</b>									
	To Qualified Plans (401(a)/401(k))		To 403(b) Plans		To Gov't 457(b) Plans		To IRAs (excl. Roth IRAs)		
	Transfer Rollover		Transfer Rollover		Transfer Rollover		Transfer Rollover		
<b>From Qualified Plans (401(a)/401(k))</b>	YES*	YES**	NO	YES	NO	YES	NO	YES**	
<b>From 403(b) Plans</b>	NO***	YES	YES	YES**	NO	YES	NO	YES**	
<b>From Governmental 457(b) Plans</b>	NO***	YES	NO	YES*	YES	YES	NO	YES	
<b>From Non-governmental 457(b) Plans</b>	Transfer to another tax-exempt <sup>†</sup> 457(b) plan only.								
<b>From IRAs (excluding Roth IRAs)</b>	NO	YES	NO	YES	NO	YES	YES	YES**	

\* General transfers from one plan to another plan apply only for plan-level transfers resulting from plan mergers.

\*\* After-tax rollovers may also be allowed, subject to plan restrictions.

\*\*\* Transfers are allowed from a governmental 403(b) plan and a governmental 457(b) plan, respectively, to a governmental defined benefit plan to purchase past service credit.

† Transfers allowed only upon separation from employment.

**Tax-Exempt 457(b) plans** do not have the option to roll over assets, but may allow Transfers to the same type of plan. Generally, **403(b)** and **qualified plans** allow **in-plan transfers** between vendors. Please call 1-800-343-0860 for additional information about portability provisions applicable to your plan. You may also want to check with your employer before initiating a transfer or rollover request.

## 3. YOUR PREVIOUS INVESTMENT PROVIDER

Unless otherwise instructed, when assets are coming from a different employer's plan than the employer listed in Section 2, this transaction will be processed as a rollover. Any grandfathered pre-1987 and/or pre-1989 balance information will not be carried over. If you are requesting assets from a previous employer's plan and wish to initiate a transfer instead of a rollover, please include a letter of instruction with your form.

You may use this form for a direct rollover or for an indirect (60-day) rollover.

If you have already received a check from your prior investment provider and would like to make an indirect rollover, please be sure to include:

A check payable to the plan custodian or trustee

**AND**

A distribution statement from your prior investment provider

Please note: A rollover contribution must be received by Fidelity within 60 days of your receipt of such distribution. Your plan sponsor reserves the right to require sufficient evidence that your distribution is from an eligible retirement plan or IRA.

## 4. ACCOUNT INSTRUCTIONS

Select the investment options in which you would like your assets to be invested. These investment elections will not apply to any future contributions to the plan. If you wish to change how your future contributions will be allocated, please call a Retirement Services Specialist at 1-800-343-0860.

## 5. AUTHORIZATION, APPROVAL, AND ACCEPTANCE

Please read this section carefully and then sign and date the form.

## 6. PLAN AUTHORIZATION

**Please check with your employer** to determine if you need to have this transfer/rollover approved by your employer, a trustee or a custodian. If no authorization is required, please skip this section.

### IMPORTANT INFORMATION ABOUT OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, the Uniting and Strengthening America by Providing Appropriate Tools Required to Intercept and Obstruct Terrorism Act of 2001 (USA PATRIOT ACT), requires all financial institutions to obtain, verify, and record information that identifies each person or entity that opens an account.

For investors that are individuals: When you open an account, you will be asked for your name, residential (physical) address, Social Security Number and date of birth. If we are unable to verify your identity through non-documentary means, you may also be asked to provide identifying documents, such as driver's license, passport or proof of address.





# Transfer/Rollover Form

**Instructions:** Use this form to move assets to your Fidelity employer-sponsored retirement account from a previous investment provider. You may also use this form to consolidate multiple employer-sponsored retirement accounts currently at Fidelity. **If you do not have a retirement account with Fidelity, you must also complete an Account Application/Enrollment Form. An incomplete form may delay the processing of your request.**

Unless otherwise instructed by your employer, please return this transfer/rollover form in the postage-paid envelope provided **OR**

Return to:

Fidelity Investments  
P.O. Box 770002  
Cincinnati, OH 45277-0090

If you are sending this using an overnight delivery service, please send to this address:

Fidelity Investments  
100 Crosby Parkway, Mailzone KC1E  
Covington, KY 41015

**Questions?** Call Fidelity Investments at 1-800-343-0860 or for the hearing impaired (TTY) 1-800-259-9743, Monday through Friday, 8 A.M. to midnight ET, for assistance with completing this form.

## 1. YOUR INFORMATION

Please use a **black** pen and print clearly in **CAPITAL LETTERS**.

Social Security #: -- Date of Birth: --

First Name:

Last Name:

Street Address:

City:  State:

Zip: - E-mail address:

Daytime Phone: -- Evening Phone: --

## 2. INVESTMENT PROVIDER YOU ARE MOVING MONEY FROM

Name of investment provider you are moving money from   
(e.g., VALIC, TIAA-CREF, Vanguard, ING, Lincoln):

Please include a copy of your most recent account statement from your investment provider.

Street Address:

City:  State:

Zip: -

Phone: --

Please contact your previous investment provider to see if additional paperwork is required.



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### 3. ACCOUNT(S) OR CONTRACT(S) TO MOVE

Please provide information about the account(s)/contract(s) you wish to move to Fidelity. If no account or contract numbers are provided, we will use your Social Security number to request the assets to be moved. Please make additional copies of this page if you have more than two accounts/contracts to move.

#### 3A. FIRST ACCOUNT (if more than one account, please complete section 3B):

Account or Contract Number:

The Account or Contract Number above is from:

- The same Employer as my Employer Plan with Fidelity  
 A previous Employer (List the Employer Plan name)   
 A Traditional or SEP IRA  
 A Rollover IRA

Type of Account or Contract: (select at least one)

- 403(b)  401(a)/(k)  457(b)  IRA

Liquidation Amount: (select one)

- Full Liquidation/100%  
 Partial Liquidation  % OR \$

Unless otherwise specified, we will move/liquidate 100%.

#### 3B. SECOND ACCOUNT (if applicable).

Account or Contract Number:

The Account or Contract Number above is from:

- The same Employer as my Employer Plan with Fidelity  
 A previous Employer (List the Employer Plan name)   
 A Traditional or SEP IRA  
 A Rollover IRA

Type of Account or Contract: (select at least one)

- 403(b)  401(a)/(k)  457(b)  IRA

Liquidation Amount: (select one)

- Full Liquidation/100%  
 Partial Liquidation  % OR \$

Unless otherwise specified, we will move/liquidate 100%.

### 4. YOUR FIDELITY ACCOUNT INFORMATION

If you do not have a retirement account through Fidelity for the employer listed here, you must complete the enrollment process. For help with enrollment, please contact a Fidelity representative at 1-800-343-0860.

Employer sponsoring your Fidelity retirement account:

(This name appears on your Fidelity statement, or in your enrollment paperwork.)

Plan Number (if known):

OR City & State of Employer:

Type of account with this employer:  403(b)  401(a)/(k)  457(b)

If you do not know the type of account, please contact your Fidelity representative at 1-800-343-0860.

## 5. INVESTMENT INSTRUCTIONS

Would you like the assets invested in your current investment selection?  Yes If no, specify below:

Fund Name:


OR

Fund Code:


OR

OR

OR

Percentage:

			%
			%
			%
			%

Total = 100%

If no investment options are selected, the assets will be allocated to your current investment selection. The transfer or rollover will be allocated to your current investment election on file with Fidelity for the Plan unless you complete the above investment instructions. Your entire contribution will be invested in the Plan's default fund if the Investment Instructions are incomplete or if you select a fund that is not available.

## 6. EMPLOYER PLAN ACCEPTANCE

An authorized signature from the employer that sponsors your Fidelity retirement account may be required. To verify if this section needs to be signed, contact your Human Resources office, or a Fidelity Representative at 1-800-343-0860 or for the hearing impaired (TTY) 1-800-259-9743.

Employer Authorized Signature:

Date:

Employer Authorized Printed Name:

## 7. YOUR SIGNATURE

By signing this form:

- I hereby agree to the terms and conditions stated in this Form and certify that I am requesting a rollover or transfer of my retirement plan assets in accordance with applicable IRS and plan rules.
- I certify under the penalties of perjury that my Social Security number on this form is correct.
- I acknowledge that I have read the prospectus(es) for any mutual fund in which I invest and agree to the terms.
- I hereby direct the investment provider identified on this form to liquidate the designated amount of the account(s) listed on this form, and to release the proceeds to my account under my employer's plan, except to the extent my current employer or any of my former employers prohibit such release. In the event of such prohibition, I hereby direct said investment provider to retain the nontransferable portion of my account(s) in a separate account or contract and to release the remainder.
- I hereby agree that if my assets will be sent to Fidelity in installments, the first installment may be invested according to my instructions on this form. All subsequent installment payments as well as any residual balances not received within 30 days will be invested according to my current investment elections at the time my assets are received by Fidelity.

### For 403(b)-to-403(b) transfers (not rollovers)

- I understand that any balances I am transferring from a 403(b)(1) annuity into a 403(b)(7) custodial account may be subject to more restrictive withdrawal provisions.
- I direct Fidelity to treat all monies as pretax contributions made subsequent to 12/31/88 unless my prior investment provider provides Fidelity with account balances as of 12/31/88 and post-1988 salary reduction contributions.
- I understand that if I transfer a contribution source that is not allowed by the Plan, the value associated with the unacceptable source will be returned to the investment provider named in Section 2.
- I direct Fidelity to treat the entire balances as subject to minimum distribution requirements unless my prior investment provider provides Fidelity with account balances as of 12/31/86.
- I direct Fidelity to allocate the entire balance to the most restrictive source in the current employer's plan unless my prior investment provider provides Fidelity with the sources of the transferred amount under the previous plan.

Your Signature:

Date:



Please sign here!

# Transfer/Rollover Checklist:

Here is a checklist to ensure that your request is in good order.

Please remember to:

- Include your most recent account statement from the Previous Investment Provider
- Indicate the amount or percentage of money you are moving to Fidelity
- Obtain the Employer Authorized Signature (contact your Human Resources office or Fidelity to verify if this is required)
- Sign the form
- Return this form in the enclosed postage-paid envelope **OR**

Return to:

**Fidelity Investments**  
P.O. Box 770002  
Cincinnati, OH 45277-0090

If you are sending this using an overnight delivery service, please send to this address:

**Fidelity Investments**  
100 Crosby Parkway, Mailzone KC1E  
Covington, KY 41015

Please contact your previous investment provider to see if additional paperwork is required.

## Fidelity Acceptance of Transfer/Rollover (FIDELITY INTERNAL USE ONLY):

### INFORMATION REQUESTED OF TRANSFERRING INVESTMENT PROVIDER

Please provide the following information on the check:

- FBO
- Social Security number

Please make the check payable to **Fidelity Management Trust Company** and return it to:

**Fidelity Investments, P.O. Box 770002, Cincinnati, OH 45277-0090**

In addition please provide the following either on the check or by separate letter:

#### 1. For hardship distribution restriction:

- Account balance as of 12/31/88
- Post-1988 salary reduction contributions
- Post-1988 non-salary reduction contributions (e.g., employer monies)

#### 2. For minimum distribution requirements 403(b) plan transfers:

- Account balance as of 12/31/86

#### 3. Please provide the dollar amount or percentage of the breakdown of each money type being transferred.

- Portion of transfer — employee pre-tax
- Portion of transfer — employee after-tax
- Portion of transfer — employer matching

### For Internal Use Only

Fidelity Investments hereby agrees to accept the transfer/rollover described above for deposit in the 403(b)/401(a)/401(k)/ 457(b) Account established on behalf of the individual.

Authorized Signature:

X

Date:

□ □ - □ □ - □ □ □ □