

Social Security #: - -

Employee Name:
 Last, First, Middle

Address:
 Street

Apt. # / PO Box#

City State Zip Code

Birth Date: / / Hire Date: / /
 Month Day Year Month Day Year



I. Rollover Instructions

The Rollover Form is used to invest prior plan money in your Plan account. The rollover must be completed within 60 days of receipt of the distribution, come from another employer's plan or an IRA and represent all or a portion of the taxable amount from a lump sum distribution, or an installment distribution of less than ten years. In the context of a direct rollover, in which the funds are never actually made payable directly to you, the 60 day period for completing a rollover is inapplicable.

- Section II.A** Identify the total amount of the rollover and how it is to be invested in each of the funds. A certified or bank check equal to the total identified in Section II.A must accompany this form. Please include your Social Security Number and Plan Number on the check made payable to STATE STREET BANK & TRUST CO.
- Section II.B** Check (✓) the appropriate box to identify the source of this Rollover.
- Section III.** Read the acknowledgment, and then sign and date the form.

Note: If you have not previously enrolled in the Plan, you must complete a Beneficiary Form and give it to your Plan Administrator. Do not send to ADP.

II. Allocation/Source of Rollover

A. I wish to roll over the following amount to be invested as stated:

RY Morgan Stanley Stable Value Fund	\$	<input type="text"/>	.	<input type="text"/>	W8 Van Kampen Growth and Income Fund - Class A	\$	<input type="text"/>	.	<input type="text"/>
XT Calvert Income Fund - Class A	\$	<input type="text"/>	.	<input type="text"/>	XX Davis New York Venture Fund - Class A	\$	<input type="text"/>	.	<input type="text"/>
XW Eaton Vance Income Fund of Boston - Class A	\$	<input type="text"/>	.	<input type="text"/>	DA Morgan Stanley American Opportunities Fund - Class A	\$	<input type="text"/>	.	<input type="text"/>
W7 Van Kampen Government Securities Fund - Class A	\$	<input type="text"/>	.	<input type="text"/>	V9 Van Kampen Emerging Growth Fund - Class A	\$	<input type="text"/>	.	<input type="text"/>
X7 Franklin Templeton Conservative Target Fund - Class A	\$	<input type="text"/>	.	<input type="text"/>	W9 Van Kampen Mid Cap Growth Fund - Class A	\$	<input type="text"/>	.	<input type="text"/>
X8 Franklin Templeton Growth Target Fund - Class A	\$	<input type="text"/>	.	<input type="text"/>	36 AllianceBernstein Worldwide Privatization Fund - Class A	\$	<input type="text"/>	.	<input type="text"/>
X9 Franklin Templeton Moderate Target Fund - Class A	\$	<input type="text"/>	.	<input type="text"/>	X6 Franklin Small-Mid Cap Growth Fund - Class A	\$	<input type="text"/>	.	<input type="text"/>
RQ Morgan Stanley S&P 500 Index Fund - Class A	\$	<input type="text"/>	.	<input type="text"/>	RX Morgan Stanley Special Value Fund - Class A	\$	<input type="text"/>	.	<input type="text"/>
W3 Van Kampen Equity and Income Fund - Class A	\$	<input type="text"/>	.	<input type="text"/>	O2 Oppenheimer Global Fund - Class A	\$	<input type="text"/>	.	<input type="text"/>

Note: If you fail to complete the investment election above, you will be deemed to direct that your contribution be invested in the Morgan Stanley Stable Value Fund. **TOTAL** \$.

B. This Rollover is a distribution from: (Please check box)

- Conduit IRA Non-Conduit IRA (taxable distributions only) SIMPLE IRA (IRA must have been in existence for at least 2 years at time of distribution.)
- §457 Plan §403(b) Tax Sheltered Annuity
- Qualified Plan of (check one): an Unrelated Employer a Related Employer
- §403(a) Qualified Annuity Plan of (check one): an Unrelated Employer a Related Employer

Note: If you do not check a box, we will understand you have certified that the rollover is from an unrelated employer.

III. Acknowledgment and Signature

I have read and understand the Summary Plan Description, have completed the Beneficiary Form if necessary, and agree to be bound by the provisions of the Plan. I have also reviewed a current prospectus and description for each of the funds, and understand the objectives, risks, expenses and charges associated with each. I certify that:

- I received the distribution from the source indicated above within the last 60 days (60 day requirement not applicable in the case of a direct rollover).
- The rollover is from the rollover source indicated above and has not been combined with any money that would disqualify the rollover.

Signature of Employee/Participant Date

FOR PLAN ADMINISTRATOR USE ONLY (MUST BE COMPLETED)

Recordkeeping Plan #: 3 7 0 3 0 0 Date Received: Plan Administrator Approval:

Company Code:

