

PLAN ACCOUNT EXCHANGE/ROLLOVER REQUEST

Complete this form to Exchange/Rollover funds into your employer's retirement plan. Please note that money received as an Exchange/Rollover will be invested into your account in accordance with your investment instructions in effect at this time. The completed form, including the employer/administrator signature should be mailed to the address on the bottom of the form for processing. Please contact your employer or the resigning Insurance Company/Custodian for additional forms or requirements prior to submitting this form. **NOTE: Please attach a copy of a recent account statement.**

STEP 1- PARTICIPANT INFORMATION

First Name: _____ MI: _____ Last Name: _____
Address: (No PO Boxes Please) _____
City: _____ State: _____ Zip: _____
Social Security #: - - Email: _____
Home Phone: _____ Employer Phone: _____
Employer Name: _____

STEP 2- CURRENT ACCOUNT & EXCHANGE/ROLLOVER INFORMATION

The assets rolled over or exchanged into this plan result from a distribution / exchange/rollover from a:

<input type="checkbox"/> IRA (pre-tax contributions only)	<input type="checkbox"/> Roth 401(k) Contributions	<input type="checkbox"/> 403(b) pre-tax
<input type="checkbox"/> SEP or SAR-SEP	<input type="checkbox"/> Governmental 457 Plan	<input type="checkbox"/> 403(b) ROTH
<input type="checkbox"/> 401(k) Qualified Plan (pre-tax contributions)		

Name of Insurance Company or Present Custodian: (where funds are held) _____
Mailing Address: _____ Account Number: _____
City, State, Zip: _____ Phone Number: _____

STEP 3- ROLLOVER/EXCHANGE INSTRUCTIONS (Instructions to the current insurance company or custodian)

By this Agreement, I direct the Insurance Company / Custodian to Rollover the cash surrender value/asset value of my annuity contract / custodial account as indicated below:

Rollover all of the assets in kind into my existing custodial account (Transfer-in-kind may be subject to fund availability).
 The entire cash surrender value/asset value of my annuity contract / custodial account.
 \$ _____ of the cash surrender value/asset value of my annuity contract / custodial account.

Make Checks Payable To: MG Trust Company FBO: (Participants Name)	Mail Checks To: Retirement Plan Consultants, LLC PO Box 1264 Norfolk, NE 68702
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STEP 4- OWNER SIGNATURES & ACCEPTANCE

I wish to Rollover the above-mentioned account/contract to Plan Account with MG Trust Company serving as custodian. I understand that I may deposit only retirement funds that are allowed under my current employer's plan. I have verified with my current employer that these funds can be deposited according to plan provisions. By signing below I declare this information correct.

OWNER/ PARTICIPANT SIGNATURE	DATE
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Signature Guarantee: Your existing provider may require a signature guarantee. To obtain a signature guarantee, sign this form in the presence of an authorized person at a broker/dealer firm or other financial institution, such as a bank or trust company. A notarization from a notary public does not meet signature guarantee requirements.

DATE

AUTHORIZED SIGNATURE (STAMP AND TITLE)
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Based on the information above this rollover contribution is acceptable according to the plan provisions. The Custodian named above is hereby directed to accept this rollover contribution.

PLAN SPONSOR/ADMINISTRATOR SIGNATURE	DATE
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RETURN FORM TO: Retirement Plan Consultants, LLC
ATTN: Rollovers
PO BOX 1264
Norfolk, NE 68702