

BENEFIT PLANNING, INC.

4640 ADMIRALTY WAY, 9TH FLOOR
MARINA DEL REY, CALIFORNIA 90292

TELEPHONE: (310) 577-1444
FACSIMILE: (310) 821-1529

ANTHONY S. DELFINO
RICHARD L. KAPLAN, C.P.A.

ADMINISTRATION GUIDE

Instructions for Accepting Rollovers

- If the Plan allows, a Participant may “roll over” funds from another qualified plan into his/her current Plan. These funds will be invested in the same funds that the Participant has chosen. Participants typically consolidate retirement plan monies to simplify investment research and to move old retirement assets into new superior funds. This can be done at any time at the Employee’s election. It is important to understand that this form is for current employees wanting to transfer funds to the current plan – this is not for former employees to transfer funds. Use Distribution forms for former employees.
- The Participant must complete an “Inbound Rollover Certification” and “Instructions to the Prior Trustee” and forward these along to the former employer, who will forward them to the Trustee of the prior plan. A copy of the completed documents should be sent to Benefit Planning.
- The prior Trustee will mail the Participant’s rollover check to the new employer/Trustee, who will deposit the monies in the Plan.

INBOUND ROLLOVER CERTIFICATION

PLAN NAME: _____

EMPLOYER: _____

Employee/Participant Name: _____

Social Security Number : _____

Source of Rollover (check one):

Other qualified employer-sponsored plan

403(b) Plan

Traditional or Rollover IRA

Roth IRA

Other (specify): _____

Subject to the approval of the Plan Administrator, I hereby elect to make a rollover contribution to the Plan in the amount designated on the attached check.

I hereby certify that:

The attached check is *payable to the custodian for the Plan*, **AND**

The entire amount of the check is **EITHER**:

an "eligible rollover distribution" within the meaning of Section 401(a)(31) of the Internal Revenue Code issued by the Trustee of a qualified Retirement Plan for my benefit, from an IRA Custodian or from a qualified 403(b) Plan.

not greater than the sum of the amounts distributed to me by the trustee of a qualified retirement plan or the trustee/custodian of an individual retirement account in my name which holds only amounts rolled over from a qualified retirement plan and earnings on such amounts not more than 60 days prior to the date that I submitted the attached check to the Plan, plus the amount of optional and mandatory withholding with respect to such distributed amount.

Your rollover contributions will be invested in accordance with your current investment enrollment under the Plan. If you have not yet enrolled in the Plan, you should obtain enrollment forms from your current employer, including a Beneficiary Designation form. These enrollment forms should be submitted to your personnel department, and a copy should be faxed to Benefit Planning, Inc. at 310-821-1529.

(Employee's Signature)

(Date)

RETURN THIS FORM TO:

Benefit Planning, Inc.
4640 Admiralty Way, 9th Floor
Marina Del Rey, CA 90292

INSTRUCTIONS TO PRIOR TRUSTEE FOR ROLLOVER OF PARTICIPANT DISTRIBUTION

PARTICIPANT NAME: _____ SS# _____

ADDRESS: _____

These Instructions acknowledge that the Trustee of the (name of new plan)
_____ is prepared to accept a direct
Trustee-to-Trustee rollover of any distributions eligible for rollover treatment due to the
individual named above from any tax qualified retirement plan.

Funds may be transferred by check only. Please make checks payable to

Name of New Plan _____

" fbo [PARTICIPANT'S NAME]"

and mail such check to:

Trustee (or Employer): _____

