ROLLOVER CONTRIBUTION FORM



AAAA Retirement Fund for Member Agencies

PLAN PARTICIPANT INFORMATION

	Current Employer:		Last 4 SSN:								
Participant Name:				:							
Address/City/State/Zip:			Hire Date:								
	e-mail address:					P	hone	Numbei	·:		
ROLLOVER INSTRUCTIONS											
	Contact your former employer, plan administrator, or financial institution to request and receive a rollover distribution check.										
	The check should be made p	be made payable to:									
		A Retirement Fund for MA (your current employer's retirement plan name)									
		(your current employer's retrement plan							name)		
	The check can be mailed to y	nailed to you or to: AAAA Benefits, Inc. 307 Tremont Avenue, Suite 200 Charlotte, NC 28203-4902									
AMOUNT OF ROLLOVER (or approximate amount of rollover)											
	Pre-tax dolla	ars (if any)	6	,							
	Roth dolla	ars (if any)		,							
	Total Amount o	of Rollover	6	<u> </u>							
	Your rollover contribution mu documentation that details th taxability is typically docume	e taxability of th	he funds to l	e rolled	over in	ndicati	ing pre	e-tax o	Roth.	Proof of	
	If you are directly rolling over documentation with the start eligible to be rolled into quali	date and the to									not

Upon receipt of your rollover contribution, supporting documentation, and this ROLLOVER CONTRIBUTION FORM, the money will be invested in your account according to your current investment elections on file. In the event there are no investment elections on file, there will be a delay in processing your rollover contribution until investment elections have been selected.

AUTHORIZATION

I certify that the amount of my rollover contribution represents only money that is eligible to be rolled over into a qualified plan. If any of the money is subsequently determined to be ineligible for rollover, I understand that the Plan will distribute the ineligible amount and any attributable earnings, if applicable.

Participant Signature

If you have any questions, please contact AAAA Benefits, Inc. Customer Service at (704) 501-4411 or comments@AAAABenefits.com