




Rollover Contribution Certification Form

900 S Capital of TX Hwy, Ste. 350
Austin, TX 78746

customerservice@tcgservices.com

P: 800.943.9179 F: 888.989.9247

Please submit the completed form via fax, email or mail
Sections A-D must be complete for processing.

A. ACCOUNT OWNER INFORMATION					
Full Name				Social Security #	
Street Address				Date of Birth	
Apt/Bldg. #				Primary Phone	
City, State, Zip				Primary Email	
EMPLOYER PLAN NAME				Nonresident Alien?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Plan Type	<input type="checkbox"/> 401(k)	<input type="checkbox"/> 457(b)	<input type="checkbox"/> 403(b)		
	Would you like to receive status updates of your request via text message? <i>Message & Data rates may apply</i>			<input type="checkbox"/> YES <input type="checkbox"/> NO	
				Mobile Phone #	

B. PREVIOUS INVESTMENT PROVIDER (FINANCIAL INSTITUTION HOLDING ASSETS)			
Company Name			
Plan Name			
Street Address			
Account Number			
Estimated Rollover Amount \$			
Type of Account	<input type="checkbox"/> After Tax Retirement Account (must provide Cost Basis below) <input type="checkbox"/> Roth IRA <input type="checkbox"/> Traditional IRA <input type="checkbox"/> 401(k) Plan <input type="checkbox"/> 403(b) Plan <input type="checkbox"/> 457(b) Plan <input type="checkbox"/> Simple or SEP IRA <input type="checkbox"/> Money Purchase Pension Plan <input type="checkbox"/> Other		
Source of Assets and Estimated Value	<input type="checkbox"/> Pretax \$ <input type="checkbox"/> Roth \$ <input type="checkbox"/> After-tax \$ (non-Roth)		
For After Tax Retirement Account	Cost Basis \$		
	Type of Account in the Plan to which you wish to rollover the funds	<input type="checkbox"/> After Tax Account	<input type="checkbox"/> Roth Account (no earnings may be rolled into this account)
If your rollover funds contain a Roth source, list the year of the first Roth contribution	First Year of Roth Contribution		

Authorization on the following page



C. INVESTMENT OF ROLLOVER CONTRIBUTION

Your rollover contribution will be invested based on your current investment's election for the Rollover Source in your account. If you have not selected an investment election specifically for the Rollover Source, your rollover will be invested in your plan's default investment, even if you have deferral elections. You may change the way your rollover is invested at any time via the tcgservices.com website or by calling our customer service department.

D. AUTHORIZATION AND SIGNATURE

1. I certify that the information that I have provided above is correct.
2. I certify that the contribution described above is an eligible rollover contribution. I understand that if the contribution is later determined not to be an eligible rollover contribution, the contribution and any related earnings will be returned to me as a taxable distribution of income.
3. I certify that this contribution is being rolled over within 60 days of receipt or is being rolled directly from my Employer's Plan or current custodian and meets the requirements for tax law provisions, as described above.
4. I certify that the rollover does not include any required minimum distribution, hardship distribution, corrective distribution, deemed distribution from my Employer's qualified retirement plan, or if this is a rollover of an after-tax retirement account to a Roth account, no earnings are included in the rollover to the Roth account.
5. I understand that this rollover contribution is irrevocable and involves important tax consequences. I also agree that neither TCG Administrators nor my Employer shall be responsible for any such tax consequences or any consequences resulting from this amount being ineligible for rollover.
6. I have read this form and understand and agree to be legally bound by the terms of this form and by the terms and conditions of my Employer's Plan identified above

Signature of Participant		Date	
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Payment Instructions:

If you have already contacted your previous provider to initiate your rollover distribution, or have already received a rollover check, use the payment and mailing instructions below.

Make checks payable to:

TCG Administrators FBO Participant Name, Plan Name

Address for the check and form:

TCG Administrators
Attn: Accounting
900 S. Capital of TX Hwy, Ste 350
Austin, TX 78746

FOR INTERNAL USE ONLY

The Retirement Plan Specialist dedicated to this transaction:

RPS Name		RPS Code	
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