

**1. Employee Identification**

For your protection, Merrill Lynch cannot accept any rollover contribution that is not attached to this form (wire transfers, for example, are not accepted). To roll your money over, submit your completed Rollover Contribution and Beneficiary Designation Forms, with checks attached, to the Human Resources Department.

*Please Print*

Name \_\_\_\_\_ **ف ف ف-ف ف ف**

Last                                      First                                      Middle Initial                                      Social Security Number

Home Address \_\_\_\_\_ ( ) \_\_\_\_\_

Street                                      City                                      State                                      ZIP                                      Home Phone

Work Location \_\_\_\_\_ ( ) \_\_\_\_\_

City                                      State                                      Location                                      Department                                      Work Phone

**2. Rollover Description**

**1. Check appropriate box.**

- (a) **ف** Attached is a check from my previous employer's plan, made payable to:  
"Merrill Lynch Trust Company, FSB, Trustee FBO Calhoun County FAO [your name]."
- (b) **ف** Attached is a check or cashier's check from my IRA or personal checking account, made payable to:  
"Merrill Lynch Trust Company, FSB, Trustee FBO Calhoun County FAO [your name]."
- (c) **ف** Attached is a check from my previous employer's plan or my rollover IRA, made payable to me.

WARNING: You can endorse a check made payable to you from your previous employer's plan, but you should be aware that the previous plan will likely withhold 20% for Federal taxes. You can avoid that withholding requirement by requesting that the check be made payable to: "Merrill Lynch as Custodian, FBO, the Trustee the Calhoun County FAO (your name)."

2. Total dollar amount of Contribution: \$ \_\_\_\_\_

Original Source of Pre-Tax Contributions & All Earnings

From a Qualified Plan	\$ _____
From a Rollover IRA	\$ _____
Total	\$ _____

3. I have attached a copy of the distribution statement from my previous employer, and a statement from my previous employer that the plan has received a determination letter or that the plan is intended to be a qualified plan and that there is nothing in its provisions or operations that would result in disqualification of the plan. I certify that my rollover contribution:

- Originated from contributions to a previous employer's qualified retirement plan (the rollover may be coming directly from the plan, from a rollover IRA, or from your personal checking account).
- Does not contain money from any of the following: installment payments if the projected payment schedule is 10 years or more; annuity payments made over my life expectancy or the joint life expectancy of me and my beneficiary; or a payment required because I reached age 70 ½ (distribution under IRC Section 401(a)(9)).
- (Applies to numbers 1(b) and 1(c) above only.) Is being rolled over into the Plan within 60 days of the date of the distribution from either my prior employer's plan or my rollover IRA (where the funds were temporarily held separately from other IRA funds).
- I am entitled to this distribution as an employee, a spousal beneficiary, or alternate payee.

### 3. Investment Selection

Check one box only and follow the instructions.

I have already enrolled in the Plan and have made investment selections.

Your rollover contribution will be invested according to your current investment selections. If you wish to change your investment selections, please call Merrill Lynch at 1-800-229-9040. For hearing-impaired participants, the TDD number is 1-800-637-1215. If you have access, you may also use this website: [www.Benefits.ML.com](http://www.Benefits.ML.com)

I have not yet enrolled in the Plan and have not yet made any investment selections.

Please refer to the Plan enrollment kit for information about the Plan and the investment selections. Enter percentages to show how you want your rollover contribution divided among the investment selections. Use any whole percentages (from 1% to 100%). If you do not make investment selections your rollover will be placed in the Retirement Preservation Trust.

FUND NAME	INVESTMENT ELECTION PERCENTAGES
Allianz NFJ Sm-Cap Value	___ %
Alliance Bernstein Small Cap Fund	___ %
Calamos International Growth	___ %
American Growth Fund of America R3	___ %
American Cent Gov Bd Fund Adv Cl	___ %
Columbia Marsico Focused Equity Fund A	___ %
JPMorgan US Equity Fund	___ %
Eaton Vance Lg-Cap Value Fund A	___ %
MFS International Value Fund	___ %
Prudential Jennison Mid Cap	___ %
Invesco Stable Value Ret CL 4	___ %
Blackrock Global Allocation Fund A	___ %
Blackrock Healthcare Fund A	___ %
Retirement Bank Account	___ %
S&P 500 Stock Fund Cl I	___ %
The Oakmark Eq & Inc Fund Cl II	___ %
PIMCO Total Return Fund A	___ %
Ivy High Income Fund	___ %
Columbia Seligman Comm Fund A	___ %
Virtus Real Estate Secur Fund	___ %
John Hancock Disciplined Value Mid Cap	___ %
Wells Fargo Precious Metal Fund	___ %

#### GOAL MANAGER MODELS

(You may invest in only 1 Goal Manger model at a time)

Conservative Goal Manager Model	___ %
Conservative to Moderate Goal Manager Model	___ %
Moderate Goal Manager Model	___ %
Moderate to Aggressive Goal Manager Model	___ %
Aggressive Goal Manager Model	___ %

**TOTAL** **100%**

Please carefully check the confirmation you'll be receiving in the mail to make sure your investment instructions have been implemented properly.

You will be mailed a PIN (Personal Identification Number) that will allow you to access your account by phone. Instructions for using it will be mailed separately at about the same time. Please act on the instructions promptly, before the PIN expires. Once you have a PIN, you can change your investments by phone. Just call 1-800-229-9040 (or the TDD number 1-800-637-1215 if you are hearing impaired), or use our Benefits OnLine website: [www.Benefits.ML.com](http://www.Benefits.ML.com).

By signing this form, I certify that the information in section 2 is true and correct and that the above amount qualifies as an eligible rollover under the Internal Revenue Code. I authorize implementation of any instructions in Sections 2 and 3.

Employee  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**Plan Administrator Use Only**

If Employee Anticipated **ق-ق-ق** Employee **ق-ق-ق**  
Not in Plan: Plan Entry Date Hire Date

The employee has certified that the amount attached qualifies as a rollover contribution. I authorize the Trustee to accept the contribution and place it in the employee's rollover account.

\_\_\_\_\_  
Plan Authorized Signature Date Print Plan Administrators Name Employer Name

***Employee: Please make a copy of this form for yourself.  
Return the original to the Human Resources Department***

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