

CUNA Mutual Retirement Solutions

BenefitsForYou.com

Phone: 800.999.8786

Enrollment@benefitsforyou.com

**CUNA MUTUAL**
RETIREMENT SOLUTIONS

Rollover Contribution Form

Please return this completed form to: **Enrollment@benefitsforyou.com****1 PARTICIPANT INFORMATION**

Participant Name:	Social Security Number:	Date of Birth:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Address:	City:	State: ZIP:
<input type="text"/>	<input type="text"/>	<input type="text"/>

2 PLAN (EMPLOYER) INFORMATION

Plan Name (Employer):	Plan Identifier:
Gibbens Drake Scott, Inc. Salary Reduction Plan	701228

3 ROLLOVER CONTRIBUTION INFORMATION

If Roth Rollover, please include: 1.) a statement from your prior plan identifying whether the Roth 401(k) rollover amount is a qualified distribution; 2.) the date of your first Roth 401(k) deferral; and 3.) the amount of your Roth 401 (k) deferrals excluding investment returns.

If a portion of the rollover amount includes Roth contributions made to a qualified retirement plan, please indicate the amount: \$ _____

Source of Funds:**Prior Plan Name:**

Another Qualified Plan (pre-tax):	\$ _____	_____
Another Qualified Plan (after-tax, non-Roth):	\$ _____	_____
Another Qualified Plan (Roth Account):	\$ _____	_____
Governmental 457(b):	\$ _____	_____
Taxable IRA (does not include Roth IRA):	\$ _____	_____
Total Approximate Amount of Rollover:	\$ _____	

4 INVESTMENT ELECTIONS

If you have already identified your Investment Elections, your funds will be deposited and invested accordingly. If you are enrolling as a new participant into the Plan, please visit BenefitsForYou.com to select your investments. If there are no investment elections on record at the time of your first contributions and/or rollover, the funds will be invested into your Plan's Qualified Default Investment Allocation (QDIA) or default fund, per the Plan document. You can find more information regarding your Plan's default fund on the fund fact sheet located in the enrollment book or on BenefitsForYou.com.

Plan Default Fund: Vanguard Target Retirement Funds**5 REQUIRED SIGNATURES**

I authorize to rollover funds to the above named Plan the amount listed in Section 3, "Rollover Contribution Information". If you do not select your investment election(s) prior to your rollover contributions being deposited into the plan, your contributions will be allocated to the Plan's default fund(s). By completing this form, I hereby certify that this is a qualified rollover to be deposited into the Plan.

Participant Signature:	Date:
X	<input type="text"/>
Authorized Plan Representative Signature:	Date:
X	<input type="text"/>

6 CHECK DEPOSIT INSTRUCTIONS

Please Instruct the prior plan to make the rollover check payable to Matrix Trust Company as custodian for ("Plan Name"), FBO ("Participant Name") and add as a reference on the check memo line: "TPA 000397" Acct. 07C01535

REGULAR MAIL:

Matrix Trust (DEN)
Attn: TPA #000397
P.O. Box 3595
New York, NY 10008-3595

OVERNIGHT OR 2 DAY CARRIER SERVICE:

JPMorgan Chase – Lockbox Processing
Attn: Matrix Trust (DEN), Lockbox 3595
4 Chase Metrotech Center, 7th Floor East
Brooklyn, NY 11245