

Rollover Contribution Form

Receiving Plan Name

Plan ID Number

Personal Information

Last Name	First Name	Middle Initial	Social Security Number
Address (street, city, state, zip)			
Rollover Amount (estimate, if appropriate)			
\$ _____			

Check must be payable to MetLife for (insert Receiving Plan Name) FBO (insert Participant Name)

Participant/Prior Plan Certification (select A, B or C and provide required information)

I hereby request that the Trustees accept a Rollover Contribution to become part of my Participant Account Balance under the plan. I understand that the Rollover Contribution may be withdrawn only in accordance with the terms of the plan. I also understand that the Rollover Contribution will be allocated among the investment options available under the plan, in accordance with my then current Investment Election for All Sources of Contributions. And if no valid Investment Election is on record, the Rollover Contribution will be directed to the Plan's default fund.

A. Direct Rollover

Name of Prior Plan: _____

Authorized Representative of the prior plan certifies:

- the rollover includes (check applicable box) -
() no amounts previously taxed to the participant or
() \$ _____ previously taxed to the participant.
- any death benefit included is due to death of the participant's spouse.
- the rollover does not include any "required minimum distribution."
- the prior plan (check applicable box) -
() has received a favorable letter of determination regarding its qualified status under the Internal Revenue Code or
() is intended to satisfy the requirements of Internal Revenue Code Section 401(a), 403(b) 457(b) {elect one}, and the plan's sponsor is aware of no plan provision or operation that would disqualify the plan.

Signature of Authorized Representative Date

B. Rollover (not a Direct Rollover)

Name of Prior Plan: _____

Authorized Representative of the prior plan certifies that the prior plan (check applicable box) -

- () has received a favorable letter of determination regarding its qualified status under the Internal Revenue Code or
- () is intended to satisfy the requirements of Internal Revenue Code Section 401(a), 403(b), 457(b) {elect one}, and the plan's sponsor is aware of no plan provision or operation that would disqualify the plan.

Signature of Authorized Representative Date

By signing this form, the participant certifies:

- The rollover includes no amounts previously taxed to the participant.
- Any death benefit included is due to death of the participant's spouse.
- The rollover does not include any "required minimum distribution."
- No more than 60 days have expired since receipt of this amount as a distribution from the prior plan.

Attach a copy of the prior plan distribution statement.

C. Rollover from a Traditional IRA or Conduit IRA

By signing the bottom of this form, the participant certifies the rollover includes no amounts previously taxed to the participant, the rollover amount does not include a required minimum distribution, no more than 60 days have expired since receipt of this amount as a distribution from a Traditional or Conduit IRA, and prior rollovers to a conduit IRA have been made within the permitted 60-day period. (A copy of the distribution statement received from the Traditional IRA or Conduit IRA must be included with this form.)

Employee's Signature (required for all types of rollovers)

Date Signed

Authorized Plan Representative of Receiving Plan

Date Signed