



## Rollover Contribution Form

### On-Line Systems, Inc. 401(k) Plan

Read all instructions attached to this form.

#### Participant Information The Participant must complete ALL information in this section.

As a participant in the above plan, I hereby request deposit of my rollover contribution: (Print or type)

Participant Name: _____	Social Security Number: _____
Address: _____ _____	Date of Birth: _____
_____	Date of Hire: _____
City: _____	Daytime Phone Number: (____) _____
State: _____ Zip: _____	E-Mail Address (Optional): _____

#### General Information Regarding Rollovers

**Eligible rollover distribution:** The amount you roll over must represent an eligible rollover distribution from certain types of eligible retirement plans and Traditional IRAs that are allowed as a rollover contribution into this Plan. For a Traditional IRA rollover, only the amount that otherwise would have been taxable (had it been paid directly to the individual account owner and not rolled over) can be rolled over to an eligible retirement plan. In determining the amount that can be rolled over from a Traditional IRA, all of the individual's Traditional IRAs are aggregated and the total taxable amount at the time of the rollover is the maximum that can be rolled over into a retirement plan. See your tax advisor for more information. Your Plan Administrator may ask you for documentation to prove the amount rolled into the Plan from a Traditional IRA is eligible.

**Roth after-tax amounts:** A rollover of Roth after-tax contributions can generally only be made to a defined contribution plan if it is processed as a "direct rollover." This means that the Roth after-tax contributions could not have been paid to you and then rolled over, but must have been paid directly to this successor plan. However, Roth after-tax earnings can be rolled over even if the amount was paid directly to you.

**Indirect ("60-Day") Rollovers:** If this request represents an indirect rollover contribution (you have received this money from a prior eligible retirement plan or from a Traditional IRA as a check payable to you), you must have received the rollover distribution no more than 60 days before the date your rollover contribution is received by the Plan. However, this requirement can be waived in some hardship circumstances, in accordance with IRS guidance. See your tax advisor for more information.

**Traditional / Roth IRA Rollover:** Nondeductible contribution rollovers / Roth rollovers may not be made to this Plan from a Traditional or Roth IRA.

#### Instructions

1. Request a distribution form from your prior employer's plan administrator or your traditional IRA.
2. Complete the form you receive from your prior employer's plan administrator or your IRA Custodian. You will be asked to provide instructions about where you want your account/funds sent. Enter the following information on the form:

ISSUE CHECK TO:	Charles Schwab Trust Company
FBO:	On-Line Systems, Inc. 401(k) Plan
REFERENCE ACCOUNT NUMBER:	100933
For Further Credit To: (Name & SS#)	_____

<b><i>If Check is sent via standard U.S. Postal:</i></b> RBS Cash Management P.O. Box 81686 Austin, TX 78708	<b><i>If Check is sent via overnight delivery:</i></b> Charles Schwab Bank 2309 Gracy Farms Ln. Austin TX 78758
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3. ***Return the completed distribution form to your prior employer's plan administrator.***
4. Complete this Rollover Contribution Form and turn it in to your Benefits Coordinator for acceptance. This form will then be provided to RiversEdge so that your rollover transaction can be properly tracked.
5. If you have previously made investment elections, your rollover contribution will be invested according to your current elections. If you have not already done so, complete your investment election selections and submit along with this form. If RiversEdge does not receive investment election selections, all contributions will be placed into your plan's default fund selection(s).
6. Wiring or ACH instructions are available. For details, contact RiversEdge by calling (888) 440-1463, and pressing \*0 to speak with a participant services representative.

**Rollover Amount and Source**

*Note that Roth rollovers of the principal contribution amount ("cost basis") from employer sponsored plans (such as 401(k) or profit sharing plans) can generally only be made if they are processed as direct rollovers. Roth direct rollovers to this plan can only come from a designated Roth account in a 401(k), 403(b), or governmental 457(b) plan. Roth rollovers cannot be made to this plan from a traditional or Roth IRA.*

I hereby request a  DIRECT ROLLOVER or an  INDIRECT ("60-DAY") ROLLOVER of \$ \_\_\_\_\_ into the plan from my:

- Qualified 401(a) (Profit Sharing or Money Purchase or State Optional Retirement Plan (State ORP))
- Qualified 401(k) plan
- 403(b) plan (Tax deferred account maintained under Internal Revenue Code Section 403(b) Plan.)
- Governmental 457(b) plan (special requirements may apply - see your tax advisor)
- Traditional IRA (non Roth) (the amount rolled over must consist entirely of pre-tax contributions and earnings)
- Other; if source is other than listed above, identify the source: \_\_\_\_\_

Name of previous employer's plan or IRA custodian: \_\_\_\_\_

**SPOUSAL BENEFICIARY ROLLOVER INFORMATION** (complete only if applicable)

- The rollover represents proceeds from my deceased spouse's retirement plan.
- This rollover represents a distribution payable to me as a spouse (or former spouse) alternate payee due to a QDRO.

**ROTH ROLLOVER DETAILS** (only permitted from an eligible retirement plan)

Does the amount of the rollover include any Roth contributions?  Yes  No

If you answered yes above, complete the items below:

\$ \_\_\_\_\_ of my rollover represents Roth after-tax contributions ("cost basis"). The calendar year of my original Roth after-tax contribution to the distributing plan is (enter year) 20\_\_\_\_.

\$ \_\_\_\_\_ of my rollover represents Roth after-tax earnings (if there is a loss, indicate with a minus ("-") sign).

**Employee Signature and Certification**

- I hereby certify that, to the best of my knowledge, the rollover contribution made to this plan is eligible for rollover. I understand that the maximum amount eligible for rollover is the amount that would have been includible in income was it not for the rollover. Furthermore, I understand that these funds will be subject to all provisions of the plan.
- I understand that my rollover account will be invested in the same manner as my other contributions as indicated by my current Investment Election on file with RiversEdge Advanced Retirement Solutions, LLC.
- If I am over age 70½, I attest that none of the amount to be rolled over will include the required minimum distribution for the current year pursuant to Section 401(a)(9) of the Internal Revenue Code.
- I further certify that if an eligible rollover check was paid directly to me and the proceeds are indirectly rolled over to this plan, I have made the rollover no later than the 60<sup>th</sup> day following the date on which the distribution check was issued.
- In the event of my death, the proceeds of this account will be allocated to my designated beneficiaries. If I have made no beneficiary designation prior to this rollover contribution, the death benefit will be paid according to the provisions stated in the plan document.
- I agree that any tax consequences related to this rollover are my responsibility and I agree that the plan sponsor and RiversEdge will not be held responsible for these tax consequences.

Participant's Signature : \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Plan Sponsor Authorization**

As an authorized representative of the plan identified on this form, I hereby accept the rollover contribution on behalf of the above employee. I have reviewed the above rollover request and, to the best of my knowledge, this rollover contribution meets the eligibility requirements of the plan and is deemed to be an eligible rollover contribution.

Authorized Plan Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_