

**CHSU 401(k) Plan
804413 - 000
ROLLOVER FORM**

Social Security Number: - -

Five Simple Steps:

1. Contact your Plan Administrator or refer to your Summary Plan Description to make sure you're eligible to roll over your Plan account balance from a prior qualified retirement plan.
2. Contact your prior Company and request a rollover distribution. If you have an IRA, contact your IRA investment manager and request a withdrawal. Be sure to have the distribution check made payable to **Transamerica, FBO "Reference Your Name"** (e.g., Transamerica, FBO Jane Doe) and have it sent directly to you.
3. Complete the Rollover Form below.
4. Submit the Rollover Form along with the distribution check to your Plan Administrator.
5. Your plan administrator will sign, date, and submit the form and check to Transamerica for processing.

You must complete a Beneficiary Designation Form. If you have not already completed an Enrollment/Change Form or Beneficiary Designation Form, please contact your Plan Administrator.

Employee Information

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Title	First Name	Initial	Last Name
<input type="text"/>		<input type="text"/>	
Street Address		Apartment No.	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
City	State	ZIP	
<input type="text"/>	<input type="text"/>	<input type="radio"/> Married <input type="radio"/> Not married	
Date of Birth (MM/DD/YYYY)	Date of Hire (MM/DD/YYYY)		
<input type="text"/>	<input type="text"/>		
Telephone Number	Email Address		

Previous Plan/IRA Information

Name of Prior Plan

<input type="radio"/> 401(k)	<input type="radio"/> 403(a)	<input type="radio"/> 403(b)	<input type="radio"/> Profit Sharing Plan	<input type="radio"/> Defined Benefit Plan	<input type="radio"/> Money Purchase Plan
<input type="radio"/> Governmental 457	<input type="radio"/> Conduit IRA	<input type="radio"/> Traditional IRA	<input type="radio"/> Simple IRA	<input type="radio"/> SEP IRA	<input type="radio"/> Roth 401(k) - Direct
<input type="radio"/> Roth 401(k) - Indirect(earnings only permitted)					

Type of Plan
Your Plan may not accept rollovers from all plan types listed above. Contact your Plan Administrator to make sure your rollover qualifies.

For Roth 401(k) rollovers, please complete the below information. This information should have been provided by your rollover institution.

Year of First Roth 401(k) Contribution

Roth Contribution Basis (This is the non-taxable portion of your distribution.)

Person to Contact

Phone Number

Mailing Address

Suite No.

City

State

ZIP

Tax Information

- All of this distribution amount would be taxable to me if I did not roll it over.
- This rollover includes after-tax contributions in the amount of \$. The remainder would be taxable income to me if I did not roll it over.
- No part of this rollover is a minimum required distribution.
- No part of this rollover is a hardship withdrawal.
- All of this distribution is a Roth 401(k) rollover. a Roth 401(k) rollover.

Please note the following important information:

1. Transamerica cannot accept after-tax amounts if the cost basis is not provided. If you are unsure of your after-tax cost basis, contact your previous Plan Administrator to obtain/confirm this information. If this information is not received, it will be assumed that the deposit represents pre-tax amounts only.

2. If you are already enrolled in the plan, your incoming rollover will be invested according to your existing investment allocation for payroll contributions.

3. If you are not enrolled in the plan, or your elections do not equal 100%, your incoming rollover will be invested by the Plan's default. Please contact your Plan Administrator for specifics regarding your Plan's default investment choice.

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Social Security Number: **Employee Authorization**

I wish to contribute a single sum rollover in the amount of \$, which represents a distribution from another qualified retirement plan. **A check made payable to Transamerica, FBO "Reference Your Name" (e.g., Transamerica, FBO Jane Doe) is attached.** I understand the withdrawal restrictions that apply to these contributions.

Employee Signature

Date

Reminder: If you have not already completed an Enrollment/Change Form or Beneficiary Designation Form, please contact your Plan Administrator to designate a beneficiary or beneficiaries.

Plan Administrator Authorization

Authorize these rollover funds to be deposited into the Participant's account.

Plan Administrator Signature

Date

Once this form has been completed with all the necessary information and required signatures, please forward to the Processing center for processing. The form cannot be processed without Plan Administrator's signature.

Mail To: Processing Center: JPMorgan Chase – Lockbox Processing, Transamerica Life Insurance Company 28565, 4 Chase Metrotech Center, 7th floor East, Brooklyn, NY 11245 **Fax No:** (866)-846-2236