



COMPANY NAME: _____ 401(k) Plan

ROLLOVER CONTRIBUTION FORM

Participant Name: _____

SSN _____

Form Effective Date: _____

Date of Birth: _____

Rollover Agreement**Rollover Investment Amount: \$** _____

If this rollover is being made during or after the year in which you turn age 70½, you cannot roll over any distribution which would constitute a required minimum distribution from the distributing plan. Please check with your Plan Administrator or Tax Advisor for more information about required minimum distributions.

Originating Company

(where retirement savings are coming from
i.e. Fidelity, JP Morgan, etc)

Contact

(to direct questions to on your behalf
i.e. name, phone &/or e-mail)

Make checks payable to: **MG Trust Company**

Reference on memo:

TPA 000311, Co Name 401(k) PlanMail to: **TAG Financial Services****Attn: Andrea Gelhar****20815 N Cave Creek Rd****Phoenix, AZ 85024**

If your institution prefers wire transfers, call
Andrea at 623-580-4900 for detailed instructions.

Investment Selection

You can divide your rollover contribution between the investment options listed below:

	Fund Name	Ticker			Fund Name	Ticker	
1	Oppenheimer Cash Reserve	CSCXX	%	10	Fidelity Diversified Intl	FADCX	%
2	American Funds Bond Fund of America	RBFAX	%	11	Blackrock Health Science	SHSCX	%
3	Blackrock S&P 500 Index	MDSRX	%	12	Oppenheimer Commodity Str	QRACX	%
4	Oppenheimer Quest Balanced Value	QGRCX	%	13	Jennison Dryden Natural Resources	PNRCX	%
5	American Funds Growth Fund of America	RGAAAX	%	14	Fidelity Adv Freedom 2010	FCFCX	%
6	Calamos Growth	CVGCX	%	15	Fidelity Adv Freedom 2020	FDCFX	%
7	Fidelity Leveraged Co Stock	FLSCX	%	16	Fidelity Adv Freedom 2030	FCFEX	%
8	Oppenheimer Main St Small Cap	OPMCX	%	17	Fidelity Adv Freedom 2040	FCFFX	%
9	Alliance Bernstein Small/Mid Cap Val	ABSRX	%	MUST EQUAL 100%			

 Please rebalance my funds every quarter to maintain these percentages.
Signatures

The plan designated above is a valid qualified retirement plan as described in IRC Section 401(a). The undersigned hereby agrees to serve as the Trustee or Plan Administrator for the account of the above-named individual and, in that capacity, agrees to accept the rollover of the assets listed above.

Employee Signature_____
Date_____
Employer Signature_____
Date