

**CONVERGE RETIREMENT PLAN
DIRECT ROLLOVER/PAYOUT REQUEST**

Employer Name

Street Address

City, State, Zip

Participant's Name

Street Address

City, State, Zip

Social Security Number

ROLLOVER/PAYOUT INSTRUCTIONS - Must be fully completed for the distributing plan to initiate the direct rollover/payout.

I elect to make the direct rollover/payout of my plan distribution as indicated below. (Select one)

Individual Retirement Plan (IRA) -

Name and address of Accepting Trustee or Custodian (Check one)

Institution

Street Address

City, State, Zip

Contact Person

Please make check payable to:

(Name of Trustee/Custodian)

(Participant's Name)

_____,IRA

Employer Qualified Plan -

Name and address of Accepting Trustee or Custodian (Check one)

Please make check payable to:

Institution

Street Address

City, State, Zip

Contact Person

(Name of Trustee/Custodian)

(Name of Employer Plan)

(Participant's Name)

Direct Payout to Plan Participant (20% Withholding Applies) -

SPECIAL INSTRUCTIONS

PARTICIPANT'S SIGNATURE

I have read and I understand the reverse side of this form. I have and will continue to comply with all rollover/payout requirements.

X _____

(Signature)

(Date)

MINIMUM DISTRIBUTION REQUIREMENT

If this direct rollover is being done during or after the year in which I reach age 70-1/2, I understand that the amount required to be distributed from the distributing plan cannot be rolled over. I certify that no part of the amount to be rolled over constitutes a required minimum distribution.

CERTIFICATION OF ROLLOVER INSTRUCTIONS

I have read the notice provided to me by the distributing plan administrator and understand the rules that apply to direct rollovers. I acknowledge that I am eligible to complete the direct rollover indicated in the "ROLLOVER INSTRUCTIONS" on the front side of this form and that all amounts to be rolled over constitute eligible rollover amounts. I take full responsibility for the direct rollover and will not hold the Plan Administrator, Trustee, Custodian, or Issuer of either the distributing plan or the receiving plan liable for any adverse consequences that may result from my handling of this direct rollover.

SPECIAL INSTRUCTIONS

If any special procedures are required to be followed to complete this direct rollover, such as wire transfer instructions, these instructions must be clearly written under the "SPECIAL INSTRUCTIONS" area of this form. I am responsible to obtain any special instructions and to confirm them with the receiving Trustee/Custodian.

PARTICIPANT DEFINED

For purposes of this form, Participant means the Distributing Plan participant, surviving spouse beneficiary or alternate payee who is directing that this rollover take place.