
COMPANY NAME

ADDRESS

PHONE

DATE

IRA ROLLOVER AUTHORIZATION
(MUST BE ACCOMPANIED BY
A COMPLETED INVESTMENT COMPANY IRA APPLICATION)

to: Customer Service Department

INVESTMENT COMPANY

ADDRESS

re: Account Number(s) _____

Account Title _____

The undersigned being all or a sufficient number of trustees under the terms of the 401(k) Plan, please accept this notice as your instruction and authorization to transfer the amount indicated below from the above-referenced 401(k) account(s) to a separate IRA account (IRA account application attached). If more than one account is indicated, transfer the stated percentage from EACH account to the single IRA account. Please retain the remaining balance of shares.

At this time, please transfer:

- _____% of shares, or
- net \$_____ of shares, or
- all shares LESS \$_____ (an amount that will be liquidated per the attached IRA application)

DO NOT LIQUIDATE the IRA transfer shares at any time. Shares must be transferred to the IRA intact to preserve the transfer as a tax-deferred rollover.

Thank you for your prompt attention to this matter. Contact our Plan Administrator immediately if you have any questions.

Sincerely,

X _____
PLAN ADMINISTRATOR