



## Accumulation Program for Part-Time and Limited-service Employees

### ROLLOVER CONTRIBUTION REQUEST FORM

#### A. TO BE COMPLETED BY PARTICIPANT IN ORDER TO ROLL MONEY INTO THE APPLE PLAN FROM ANOTHER QUALIFIED PLAN

Your Employer: \_\_\_\_\_

Participant Name: \_\_\_\_\_

Soc. Sec. Number

Phone:

Amount of Distribution to be rolled over: \$ \_\_\_\_\_ or \_\_\_\_\_ %

Participant Signature: \_\_\_\_\_ Date \_\_\_\_\_

#### B. TO BE COMPLETED BY ADMINISTRATOR OF DISTRIBUTING PLAN

Prior Plan Name

Date (or anticipated date) of the distribution

Total amount of the distribution including any tax withheld: \$ \_\_\_\_\_

Does the Distribution include any amounts that are not eligible for rollover?  YES  NO

If so, provide the amount and describe: \$ \_\_\_\_\_

Is the Distributing Plan a qualified Plan under Internal Revenue Code (IRC) section 401(a)?  YES  NO

Plan Administrator Signature: \_\_\_\_\_ Date \_\_\_\_\_

Title

Contact Number

The distribution check should be made payable to:

**American United Life Insurance**

**FBO: Sample USD APPLE Plan**

**FBO:** Name of Employee \_\_\_\_\_

#### C. THE APPLE CHECK SHOULD BE MAILED TO:

**MidAmerica Administrative Solutions**

**Attn: APPLE**

**211 East Main Street, Suite 100**

**Lakeland, Florida 33801**