

Rollover Information

City of Jonesboro 457(b) Plan

What you should do if you wish to rollover your account balance from another Plan to the City of Jonesboro 457(b) Plan.

Follow this four-step checklist:

- Obtain and properly complete a *Distribution Election Form* obtained from your former employer. Usually, your former employer's Human Resources department has these forms. Please refer to the guide at the bottom of this page for instructions on how to complete this form.
- Complete the *Rollover Contribution Request Form* found in this packet. This form must be completed, returned and accepted by the **City of Jonesboro 457(b) Plan** administrator before you request a rollover.
- Complete the "About You" section of the *Rollover Instructions* form and attach to the completed *Distribution Election Form*. Have the plan administrator of City of Jonesboro sign this form before you return it and the *Distribution Election Form* to your former employer.
- Complete the *Optional Rollover Investment Election Form* only if you have not already completed an Enrollment Form for the *City of Jonesboro 457(b) Plan*, or if you wish to have your rollover invested differently from your regular contributions made to the *City of Jonesboro 457(b) Plan*. The completed *Optional Rollover Investment Election Form* should be returned to your current Plan Administrator. **DO NOT** mail this form with your *Distribution Election Form* to your former employer.

How to fill out your former employer's *Distribution Election Form*:

Most *Distribution Election Forms* come in a standard format and have the same basic features. The following instructions are intended as a guide. If you need additional help in completing the *Distribution Election Form*, you should contact your former employer, or call NestEgg U at 1-866-412-9026.

- Reason for Payment - In most cases, your reason for payment from the previous plan will be **separation from service**.
- Distribution Election - If you want your entire account balance rolled over to the *City of Jonesboro 457(b) Plan* account, select **direct rollover**.
- Information for your direct rollover - This section may be titled differently on some forms, but generally requires the following information.

<i>Name of retirement plan</i>	City of Jonesboro 457(b) Plan
<i>Name of trustee or custodian</i>	INTRUST Bank, N.A.
<i>Account No.</i>	F/B/O "Your Name"
<i>Address of trustee or custodian</i>	PO Box 1 M.S. 1.10 Wichita, KS 67201 (316) 383-1724

Rollover Contribution Request Form

City of Jonesboro 457(b) Plan

ABOUT YOU

Name: _____ Hire Date: _____

Address: _____

City: _____ ST: _____ Zip: _____

Social Security Number: _____ Birth Date: _____

ABOUT THE ROLLOVER

Total Distribution Amount: \$ _____

Less: Previously taxed employee contributions included
in distribution (plus other amounts ineligible for Rollover) (_____)

Net amount to be rolled over \$ _____

This distribution is coming from (choose one of the following):

- (401(k) Plan, 403(b) Plan, Profit Sharing Plan, Gov't 457 Plan, Defined Benefit Plan, ESOP)
- Traditional IRA, SEP IRA
- Other (Please describe): _____

Please acknowledge each of the following paragraphs by initialing in the space provided:

_____ No part of my proposed rollover contribution is attributable to employee voluntary nondeductible or employee deductible contributions (after-tax contributions).

_____ No part of my proposed rollover contribution is due to a required distribution (generally, a distribution required by law because you are 70 ½ or from a beneficiary IRA).

_____ If the distribution was made to me directly, I state that I was entitled to the distribution as a plan participant, the distribution is not one of a series of periodic payments, the distribution was not received more than 60 days before the date of this rollover contribution, and the entire amount being rolled over would be includible in my income if it were not being rolled over. I agree to submit all information necessary for the Plan Administrator of this Plan to determine whether I can make this rollover contribution.

_____ I understand that the Plan Administrator may, in the Plan Administrator's sole discretion, determine whether I can make a rollover contribution and as a condition of accepting my rollover contribution, the Plan Administrator may require certain documents or additional supporting data which I agree to promptly furnish upon request.

_____ My signature on this form signifies that I have read and understood all parts of this form and that the information I have provided is true and correct.

SIGN

Signature: _____ Date: _____

(office use only) Authorization and Signature:

By: _____ Date: _____

Rollover Instructions

City of Jonesboro 457(b) Plan

Rollover Instructions for Former Employer

ABOUT YOU	Name: _____ Hire Date: _____
	Address: _____
	City: _____ ST: _____ Zip: _____
	Social Security Number: _____ Birth Date: _____

I. Participant Direct Rollover Election:

In order to complete the direct rollover of the participant's vested account balance to INTRUST Bank, N.A. as the Custodian of the ***City of Jonesboro 457(b) Plan***, please mail the check in accordance with the instruction below.

Payee: INTRUST Bank, N. A.
PO Box 1 M.S. 1.10
Wichita, KS 67201
(316) 383-1724

Ref: City of Jonesboro 457(b) Plan
F/B/O: "Name of the Participant"

II. Verification of Qualification by Plan Administrator:

City of Jonesboro, as the Plan Administrator of the ***City of Jonesboro 457(b) Plan*** ("Plan") hereby certifies that the Plan provides for the receipt of a rollover from another retirement plan.

By: _____
City of Jonesboro

Date _____

III. Acceptance of Rollover by the Custodian

INTRUST Bank, N. A. agrees to serve as the new Custodian for the account of the above-named individual, and as Custodian, we agree to accept the assets being transferred.

By: _____
INTRUST Bank, N. A.

Date _____

Please return this form to your former employer with the completed Distribution Election Form that you obtained from your former employer.

Optional Rollover Investment Election Form

City of Jonesboro 457(b) Plan

Please complete this Rollover Investment Election Form only if you:

1. Have not already completed an Enrollment Form for the Plan, or
2. If you wish to have your Rollover contribution invested differently from your regular Plan contributions.

Name: _____ Hire Date: _____

Social Security Number: _____ Birth Date: _____

Participants determine how **rollover contributions** to the Plan are going to be invested among the investment options listed below. Indicate investment elections in increments of at least 1%. Elections must equal 100%.

Investment Elections	Model Portfolio	
	Aggressive Growth	
	Growth	
	Managed 401(a)	
	Conservative Growth	
	Fixed Income	

Investment Elections	Fund Choice	Ticker Symbol
	Oppenheimer Developing Markets	ODVYX
	MFS International New Discovery	MWNIX
	Harbor International	HAINX
	Eagle Small Cap Growth	HSIIX
	Vanguard Small Cap Index	NAESX
	Goldman Sachs Small Cap Value	GSSIX
	Ivy Mid Cap Growth	IYMIX
	Vanguard Mid Cap Index	VIMSX
	Goldman Sachs Mid Cap Value	GSMCX
	American Century Growth	TWGIX
	Vanguard 500 Index	VIFSX
	Columbia Dividend Opportunity	CDOZX
	PIMCO Total Return Bond	PTTRX
	American Century Inflation Adjusted Bond	AIANX
	Federated Capital Preservation	

100%	TOTAL	
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Signature: _____ Date: _____

ROLLOVER INVESTMENT ELECTIONS