

**PARTICIPANT'S ELECTION FOR DIRECT ROLLOVER  
OF ELIGIBLE ROLLOVER DISTRIBUTION  
TO QUALIFIED PLAN**

I, \_\_\_\_\_ hereby elect to make a direct rollover of:

- { } all of my eligible rollover distribution  
{ } a portion of my eligible rollover distribution in the amount of \$ \_\_\_\_\_

Type of Rollover Amount:

- 401(k) Rollover \_\_\_ pre-tax \_\_\_ Roth  
 IRA Rollover \_\_\_ pre-tax \_\_\_ Roth  
 Government 457(b) Rollover  
 403(b) Rollover  
 SEP Rollover  
 SIMPLE IRA Rollover

from \_\_\_\_\_ Acct # \_\_\_\_\_ to the eligible retirement Plan listed below. To the extent that I do not elect a direct rollover of all of my eligible rollover distribution, the portion not transferred by direct rollover shall be paid directly to me. I understand that the amount paid directly to me will be subject to mandatory withholding.

In making this election, I certify to the following:

1. I am currently employed by the sponsor of the Plan.
2. The Plan is, or is intended to be, a qualified plan under section 401(a) of the Internal Revenue Code which accepts rollovers by its terms.
3. The Plan will accept the direct rollover for my benefit.

Therefore, I hereby direct payment of my eligible rollover distribution to the following eligible retirement plan:

Name of Plan: \_\_\_\_\_ #: \_\_\_\_\_

Payee: \_\_\_\_\_

For the Benefit of: \_\_\_\_\_ SS #: \_\_\_\_/\_\_\_\_/\_\_\_\_

Mail Check To: Preferred Pension Solutions, LLC  
3710 N. Ridgewood, Suite D, Wichita, KS 67220-4421

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

**Return form by mail or fax with a copy of your latest account statement to:**

Preferred Pension Solutions, LLC  
3710 N. Ridgewood, Suite D, Wichita, KS 67220-4421  
Fax: (316) 733-4838