DIRECT ROLLOVER REQUEST

TheBlueFund

RECIPIENT'S NAME AND ADDRESS	EMPLOYER'S NAME AND ADDRESS

Social Security Number	Date of Birth	Day/Evening Phone	Account Identification Number	Phone Number of Employer

INSTRUCTIONS

Directly roll over ☐ all or ☐ part of my plan balance to my IRA in the manner listed below.

Please make a check payable as follows: "_____, as ☐ Trustee ☐ Custodian, FBO
(Name of Accepting Organization)

_____ _____ IRA."
(Name of IRA holder) (Depository (Fund Company) Name)

Mail the check to: _____
(Depository (Fund Company) Name and Address)

_____.

REQUIRED MINIMUM DISTRIBUTION RESTRICTION

If this rollover is being made during or after the first year for which you must take a required minimum distribution, you may not roll over any distribution which would constitute a required minimum distribution from the distributing plan. Please check with your plan administrator for more information.

ASSET LIQUIDATION INSTRUCTIONS

Account Number	Amount In Plan	Amount To Be Rolled Over

ACCEPTING IRA TRUSTEE OR CUSTODIAN INVESTMENT INFORMATION

☐ This is a new IRA. My IRA Application is attached. ☐ I have an existing IRA. Please invest the proceeds of this transfer as follows:

Fund Name	Account Number	Percent *(must total 100%)*

SIGNATURE, ELECTION AND CERTIFICATIONS

I authorize the movement of the assets in the manner described above and certify that all of the information provided by me is correct and may be relied upon by the Trustee or Custodian. I understand that I am responsible for determining my eligibility to directly roll over within the limits set forth by tax laws, related regulations and plan agreements. I assume responsibility for any tax consequences or penalties that may apply to the direct rollover of my assets.

I have read and understand the IRC Sec. 402(f) Notice provided to me by the Plan Administrator. Due to the important tax consequences of rolling funds over to an IRA, I have been advised to see a tax advisor. I assume full responsibility for this direct rollover transaction and will not hold the Plan Administrator, Trustee or Custodian of either the distributing or receiving plans liable for any adverse consequences that may result. I hereby irrevocably designate this contribution of the funds and/or property indicated above as a direct rollover contribution.

_____ _____
(Individual) (Date)

_____ _____
(Signature Guarantee, if applicable) (Date)

ACCEPTING IRA TRUSTEE OR CUSTODIAN

The IRA designated by the above named individual is a valid IRA. The Trustee or Custodian, as identified in the Individual Retirement Account Application, hereby agrees to serve as the Trustee or Custodian for the account of the above-named individual, and in that capacity, agrees to accept the direct rollover of the assets listed above.

Account Identification of Accepting IRA _____

_____ _____
(Authorized Signature of Trustee or Custodian) (Date)

IRA INQUIRIES

For inquiries, please continue to contact the Depository (Fund Company) at the address or phone number listed on the IRA Account Application.

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