

Please complete this form to accompany your rollover contribution check. Failure to thoroughly complete this form may result in delays in processing your rollover contribution.

Please use black ink only.

PARTICIPANT INFORMATION

SSN: _____ Employee ID No: _____ Phone Number: _____

Name: _____ Birth Date: _____

Address: _____

City: _____ State: _____ Zip: _____

ROLLOVER CONTRIBUTION CERTIFICATION

I hereby elect to pay or transfer a rollover contribution of the following assets to the Plan indicated at the top of this form. I certify and acknowledge that:

- This rollover contribution duly qualifies as a Rollover Contribution as described by the Internal Revenue Code;
- Once accepted by the Plan, this rollover contribution will be subject to the terms of the Plan;
- If this contribution is not a direct rollover from the prior provider, I received the distribution from my prior plan or IRA not more than 60 days before the date of this contribution to the Plan; and
- The amount to be rolled over does not include required minimum distribution amounts, hardship distributions or amounts that were part of a series of periodic payments.

Name of transferring plan or IRA: _____

Name of prior Plan Sponsor or IRA Custodian: _____

Type of transferring plan: _____ Rollover Check Amount: \$ _____

AFTER-TAX AND ROTH ROLLOVERS

Not all plans will accept the rollover of traditional after-tax or Roth funds. Contact the Plan Administrator of the Plan named above if it is your intention to rollover after-tax money. If after-tax funds are being rolled to this Plan and allowed by the Plan, check the appropriate box(es) below to confirm that the amount being rolled to this Plan include any after-tax funds. Documentation from the prior recordkeeper must be provided to confirm the after-tax cost basis and/or Roth Contribution Amount and Roth Start Date. **Your rollover contribution will not be processed without this documentation.**

Amount rolling to this Plan includes Roth money.

Date of first Roth Contribution: _____ Total Roth Contribution Amount: \$ _____

INVESTMENT DIRECTION

Rollover contributions will be invested according to your future investment elections in the Plan. If you have no investment elections on file, your entire rollover contribution will be invested in the default investment alternative designated by the Plan Administrator. Changes to your investment elections can be made at any time through the Start Right website (startright.bokf.com) or by contacting BOK Financial Participant Services at 800.876.9557. *Any subsequent changes to your investment elections on existing balances will also apply to your rollover account balances. If your contributions are not allocated in accordance with your instructions, you will be responsible for notifying the Plan Administrator within 30 days after you receive your first statement.*

SIGNATURE

Participant's Signature _____ Date _____

Plan Administrator Signature _____ Date _____

Rollover checks should be made payable to: **(receiving Plan's name at the top of this form) FBO (participant's name)**

The rollover check should be mailed directly to you and forwarded to: Attn: EB Client Services, P.O. Box 22131, Tulsa, Oklahoma 74121-2131.

Return this form and any required documentation to your Benefits & Retirement Department.