Rollover Contribution Instructions & Application

Rolling money into your retirement plan account is an easy four-step process. To help us process your rollover contribution quickly and accurately, please follow these instructions carefully, making sure to complete each step.

Step 1 – Review the rollover types available and certifications required on this application to ensure your retirement savings are eligible to roll into your retirement plan account.

Step 2 – Request a distribution check from your prior plan administrator or custodian. The check should be made payable to the Charles Schwab Trust Company (CSTC) for (your retirement plan name), FBO (your name and social security number)

Example: CSTC for (Your Plan Name), FBO John Doe, 999-99-9999

This check can be mailed to you or directly to Charles Schwab Corporate Services at the address below.

If the distribution check was already made payable directly to you, you can send us a certified check or money order (personal checks are not acceptable). This option is only available for 60 days after you receive your distribution check. Also, when the distribution was originally paid directly to you, your prior administrator or custodian may have withheld taxes from your savings. If these additional amounts are not included in your rollover contribution, they will be considered a withdrawal and may be subject to income tax and penalties.

Step 3 – Carefully complete and sign this application including an authorized signature of your current employer.

Step 4 – Return this application (with your rollover check if sent to you) to this address:

Charles Schwab Corporate Services
Attn: Rollover Contribution Processing
4150 Kinross Lakes Parkway
Richfield, OH  44286-5050

Upon receipt of this rollover check and completed application in good order, the money will be invested in your account according to your current investment instructions (investment elections). In the event there are no investment instructions on file, your rollover contribution will be invested according to your company’s default instructions. You may change your investments at www.schwabplan.com or by calling the Schwab participant call center at the number below.

If we are unable to process this rollover contribution, we will mail the rollover check back to you at your address on file after attempting contact for a resolution. Also, after accepting the rollover contribution into your Schwab retirement plan account, if it is determined that the contribution was not an eligible rollover, then the entire amount of the rollover and associated earnings will be sent back to you.

If you need help or have any questions about this process, please call the Schwab Retirement Plan Hotline at 1-800-724-7526.

Thank you.

Rollover Contribution Application

Your Information

<table>
<thead>
<tr>
<th>Name:</th>
<th>Home Phone:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Security #:</td>
<td>Work Phone:</td>
</tr>
<tr>
<td>Retirement Plan Name:</td>
<td>Current Employer:</td>
</tr>
</tbody>
</table>

Distributing Plan or IRA Information (where the rollover is coming from)

<table>
<thead>
<tr>
<th>Administrator or Custodian:</th>
<th>Phone #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Retirement Plan or IRA:</td>
<td></td>
</tr>
</tbody>
</table>

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Rollover Type

Your Schwab retirement plan only accepts rollovers from the following types of retirement accounts. If your savings is from another type of account, it is not eligible to roll into your current employer’s plan. If you are not certain of the account type, please contact your prior plan administrator or custodian for verification.

My rollover contribution is from:

- [ ] a 401(k), 401(a), or 403(a)
- [ ] a 403(b)
- [ ] a 457 government savings plan
- [ ] an IRA with no after-tax contributions
- [ ] a SEP IRA or SIMPLE IRA (a SIMPLE plan must have been in existence for at least 2 years)

☐ Check if this is the return of a Qualified Disaster Relief Distribution (may not exceed $100,000). Provide name of disaster here _______ and please attach an explanation.

To avoid invalidating your rollover or potentially being double taxed on this savings, please include your pre-tax and after-tax amounts here. If you are not certain what amount, if any, is after-tax money, please contact your prior plan administrator or custodian for verification. I certify that my enclosed rollover includes:

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-tax dollars</td>
<td>$______</td>
</tr>
<tr>
<td>After-tax dollars</td>
<td>$______</td>
</tr>
<tr>
<td>Total</td>
<td>$______</td>
</tr>
</tbody>
</table>

Your Certification and Signature

By signing this application, I certify that the information in this application is complete and correct.

- This rollover contribution is of amounts I received as an “eligible rollover distribution”
- This rollover does not include any ROTH contributions or earnings.
- I did not receive the funds as a non-spouse beneficiary of a death benefit.
- I did not receive the funds as one of a series of periodic payments.
- I did not receive the funds as a hardship distribution.
- If an indirect rollover, (the distribution was originally paid directly to you by the prior plan administrator or custodian), I am rolling over these funds within 60 days of the date I received them from an eligible employer plan or IRA.
- If from an IRA, these funds would be included in my gross income if not rolled over (no after-tax funds).
- These funds do not include any required minimum distributions (age 70 ½).

If you are not certain on any of these items, please contact your prior plan administrator or custodian for verification. Also, if there are no investment instructions on file, these funds will be invested according to your company’s default instructions.

Signature: ___________________________________________ Date: ______________________________

Current Employer’s Authorized Approval

We approve this rollover application and direct Charles Schwab Corporate Services to process the rollover.

Approver’s Name: _______________________________ Title: _______________________________

Approver’s Signature: ___________________________ Date: ______________________________