

ROLLOVER FORM

PLAN NAME			EMPLOYER		
NAME, MIDDLE NAME, LAST NAME					
ADDRESS				SOCIAL SECURITY #	
				CODIGO POSTAL	
EMPLOYEE ID	MARITAL STATUS MARRIED SINGLE		HIRE DATE MONTH DAY YEAR		BIRTH DATE MONTH DAY YEAR

TRANSFER AMOUNT \$ _____	TRANSFER DATE MONTH DAY YEAR	ISSUE DATE MONTH DAY YEAR
-----------------------------	-------------------------------------	----------------------------------

As employee of _____ I hereby request a full rollover from my old plan qualified in Puerto Rico to my new plan _____ for the aforementioned amount. By fulfilling this form, I certify that the transfer constitutes a qualifying rollover, as defined in the Puerto Rico IRC Section 1081.01. Enclosed is a **participant statement** from my old plan which shows that the rollover transfer is for the total account balance. In addition, I am submitting a copy of the **plan determination letter from the Puerto Rico Treasury Department** as evidence that my old plan is qualified in Puerto Rico.

INVESTMENT ELECTION (Choose One)

- I wish to invest my rollover contribution pursuant to my current investment elections under the new plan. (This option is only available to plan participants).
- I am eligible to participate in the plan but I am not currently enrolled. Please invest my rollover contribution in the plan's default fund. Please send me the pin letter in order to access my account and make investment changes through the Web or Voice Response Unit (VRU).
- I am not eligible to make employee contributions to the plan. However my plan accepts rollover contributions. I understand that this contribution will be invested in the plan's default fund. Please send me the pin letter in order to access my account and make investment changes through the Web or Voice Response Unit (VRU).

SIGNATURES

I hereby certify that this information is accurate to the best of my knowledge.

PARTICIPANT'S SIGNATURE			DATE MONTH DAY YEAR		
OFFICIAL USE REVIEWED BY:	DATE MONTH DAY YEAR	PROCESSED BY:	DATE MONTH DAY YEAR	PLAN ID:	