

**NORTHERN RIVERS FAMILY SERVICES, INC., AND MEMBER AGENCIES
 ROLLOVER DEPOSIT FORM**

Please complete, sign and submit this form to your Human Resources Representative or Plan Administrator for processing. For clarity purposes, please type or print all data.

PLAN ID: NRF

Participant Name _____ (First) _____ (Middle Initial) _____ (Last)
 Mailing Address _____
 City/State/ZIP Code _____
 Soc. Sec. # ___ - ___ - _____ Date of Birth ___ / ___ / _____ Date of Hire ___ / ___ / _____

1. Rollover Information

Prior Employer _____ Approx. Rollover Amount \$ _____

Participant, please review Part A and complete Part B as it applies to your rollover.

PART A — ROLLOVER/DIRECT ROLLOVER FROM QUALIFIED PLAN

The rollover may only be accepted if permitted by the terms of the Employer’s Plan AND the Employee certifies, by signing below, that the rollover meets the following IRS requirements:

1. The rollover is being made within 60 days of the receipt of the distribution from the prior plan.
2. The rollover amount is from my prior plan or from the prior plan of my deceased Spouse.
3. The amount being rolled over does **not** include:
 - a. Required minimum distribution amounts
 - b. Hardship distributions
 - c. Amounts that were part of a series of substantially equal payments
 - d. Roth IRA assets
 - e. SIMPLE IRA assets from a participant who has not been in the SIMPLE IRA for two years
 - f. After tax contributions made to an IRA
 - g. After tax to an IRA which were rolled in from a qualified Plan. After tax from a qualified plan may only be moved to another qualified plan by a trustee to trustee transfer or a direct rollover.

NOTE: If the Plan does not accept the type of rollover that the Employee desires to make, the rollover will not be accepted by the Employer’s Plan.

PART B — TAX STATUS

Tax status of direct rollover. The tax status of the direct rollover, as reflected in the Distributing Plan’s records, is as follows:

- Pre-tax:**
 - All
 - Amount \$ _____
- Roth IRA:**
 - All.
 - Amount \$ _____ (includes earnings)
 - Roth Basis \$ _____ (Roth after-tax deferrals)
 - Roth Deferral Date _____ (year first Roth deferral was made)

2. CHECK INSTRUCTION

Please make checks payable to: **Northern Rivers 401(k)** FBO Participant Name

Reference on check memo line: **NRF**

Mail to (Regular Mail): NBT Bank
 Retirement Plan Services
 52 South Broad St.
 Norwich, NY 13815

3. CERTIFICATION AND SIGNATURE

I understand that this will not be a valid rollover unless Part A and Part B are correct statements.

I hereby authorize my rollover to be invested in my current investment elections. In the absence of an investment election, I understand my rollover will be invested in the plans selected default investment.

I acknowledge that, due to the complexities involved in the tax treatment of distributions from Qualified Plans the Trustee/Custodian/Recordkeeper has recommended that I consult with my tax advisor or the Internal Revenue Service before completing this transaction to make certain that it qualifies as a rollover and is appropriate in my individual circumstances. I release the Trustee/Custodian/Recordkeeper from any claim for damages on account of the failure of this transaction to qualify as a valid rollover.

I request the Plan accept the above indicated rollover contributions and certify under penalties of perjury that all statements above are true.

Participant Signature _____ Date __/__/____

4. ADMINISTRATOR AUTHORIZATION

I have reviewed and approve the rollover contribution to the Plan.

Authorized Plan Representative Signature _____ Date __/__/____