DYATECH

AUTOMATIC IRA ROLLOVER DISTRIBUTION FORM

PLAN ADMINISTRATOR USE ONLY

Plan Name:

PARTICIPANT INFORMATION

Social Security Number | First Name | MI | Last Name

Address

City | State | Zip Code | + 4

Work Phone Number | Home Phone Number | Date of Birth

WITHDRAWAL INSTRUCTIONS AND DISCLOSURE

1. **Rollover of plan distribution**. Fiduciary, by a direct rollover from the Plan, will distribute to Provider the interest of the Participant in the Plan under the automatic rollover provisions of section 401 (a) (31) (B) of the Internal Revenue Code.
2. **Establishment of IRA**. Provider will establish a rollover individual retirement account ("IRA") to hold such amounts in the name of Participant with Mid Atlantic Trust Company.
3. **Investment of funds**. Provider will invest the rollover IRA in an investment product designed to preserve principal and to provide a reasonable rate of return. The goal of the investment product shall be to maintain, over the term of the investment, the dollar value equal to the amount invested by the rollover IRA.
4. **Regulated financial institution**. Provider certifies that it is a state or federally regulated financial institution which is a bank or savings association, the deposits of which are insured by the Federal Deposit Insurance Corporation; a credit union, the member accounts of which are insured within the meaning of section 101(7) of the Federal Credit Union Act; an insurance company, the products of which are protected by state guaranty associations; or an investment company registered under the Investment Company Act of 1940.
5. **Comparable fees and expenses.** All fees and expenses with respect to the IRA (e.g., establishment charges, maintenance fees, investment expenses, termination costs and surrender charges) shall not exceed the fees and expenses Provider charges for comparable IRAs established for reasons other than the receipt of an automatic rollover distribution.
6. **Enforceability by Participant.** Participant shall have the right to enforce the terms of this Agreement against Provider with regard to the account balance that is the subject of this Agreement.

ROLLOVER INSTRUCTIONS

☐ Dyatech Automatic Rollover Default Option (*no additional paperwork is necessary*)

☐ Please use the following Automatic Rollover instructions detailed below:

Name of Financial Institution/Trustee

Account Number

Address Line

City | State | Zip Code | + 4

AUTHORIZATION

Reason: ☐ Separation of Service ☐ Disability ☐ Retirement

Date of Employment Status Change: M M D D Y Y Y Y

Plan Year-to-Date Hours Worked:

I authorize the above transaction and acknowledge that the information provided herein is complete and accurate.

Signature of Plan Authorized Signer | Date

Printed Name of Plan Authorized Signer

Please fax completed form to 601-914-0525 or mail to Dyatech, 805 South Wheatley Suite 600, Ridgeland, MS 39157. Incomplete forms will be discarded after 30 days of receipt if completed form is not received. For assistance with forms, please contact Client Services at 866-651-4222.