Rollover Acceptance Form

For assistance:

Call: 1-888-401-5629

Visit: www.newportgroup.com

Non-Roth Rollover Information: Roth Rollover Amount Inception-to-date Roth deferral amount Year 1st Roth Contribution Made MARK SOURCE OF ROLLOVER – Make sure to confirm your plan accepts rollovers from the incoming source: A qualified plan described in section 401 (a) of the Code A plan described in section 403 (a) of the Code A plan described in section 403 (b) of the Code A pl		(Middle)	(Last)	Social Security Number/Tax ID
Roth Rollover Information: Roth Rollover Amount	L Non-Roth Rollover Information:			I
Roth Rollover Amount Inception-to-date Roth deferral amount Year 1st Roth Contribution Made	Rollover Amount			
MARK SOURCE OF ROLLOVER - Make sure to confirm your plan accepts rollovers from the incoming source: A qualified plan described in section 401(a) of the Code A plan described in section 403(a) of the Code A plan described in section 403(b) of the Code A plan described in section 403(b) of the Code A ne ligible plan under section 457(b) of the Code which is maintained by a state, political subdivision of a state or any agend instrumentality of a state or political subdivision of a state Participant Rollover Contribution from an IRA (pre-tax amounts only) Roth deferrals from qualified Roth 401(k) or 403(b) Check with your employer to determine if any additional forms are needed to complete your request. Rollover proceeds will be deposited four account according to your Future Contribution Allocations on www.newportgroup.com. Section 2: Signature of Plan Participant or Recipient (Required): Name of Former Plan (Transferor Plan) As a participant in the above referenced plan, I represent that: (1) the transferor plan is the type of plan indicated above; (2) the transferor plan has satisfied such requirements as the transferee plan may/have established for the purpose of reasonably concluding the eligibility for acceptance of the transferred amount under the transferee plan; and (3) I understand that these rollover funds, once deposited in the Plan, will be subject to all provisions of the Plan, including all distribution restrictions, unless a protected optional form of benefit within the meaning of IRC Section 411(d)(6). I understand that my rollover contribution must be made within 60 days after receiving the distribution from the other plan or the IRA. By signing and dating below, Thereby verify that I received this rollover within the last 60 days. Plan Participant Signature Print Name Date	L Roth Rollover Information:			
A qualified plan described in section 401 (a) of the Code A plan described in section 403 (a) of the Code A plan described in section 403 (b) of the Code A plan described in section 457(b) of the Code which is maintained by a state, political subdivision of a state or any agence instrumentality of a state or political subdivision of a state Participant Rollover Contribution from an IRA (pre-tax amounts only) Roth deferrals from qualified Roth 401 (k) or 403 (b) Check with your employer to determine if any additional forms are needed to complete your request. Rollover proceeds will be deposited our account according to your Future Contribution Allocations on www.newportgroup.com. Section 2: Signature of Plan Participant or Recipient (Required): Name of Former Plan (Transferor Plan) As a participant in the above referenced plan, I represent that: (1) the transferor plan is the type of plan indicated above; (2) the transferor plan has satisfied such requirements as the transferee plan may/have established for the purpose of reasonably concluding the eligibility for acceptance of the transferred amount under the transferee plan; and (3) I understand that these rollover funds, once deposited in the Plan, will be subject to all provisions of the Plan, including all distribution restrictions, un less a protected optional form of benefit within the meaning of IRC Section 411 (d)(6). I understand that my rollover contribution must be made within 60 days after receiving the distribution from the other plan or the IRA. By signing and dating below, I hereby verify that I received this rollover within the last 60 days. Yelan Participant Signature Print Name Date Plan Participant Signature Print Name Date	Roth Rollover Amount	Inception-to-date F	oth deferral amount	Year 1st Roth Contribution Made
Plan Participant Signature Print Name Date lease retain a copy for your records and remit to your employer for approval.	Roth deferrals from qualified Roth Check with your employer to determine if any our account according to your Future Control Section 2: Signature of Plan Name of Former Plan (Transferor Plan) As a participant in the above referenced plat transferor plan has satisfied such requirem concluding the eligibility for acceptance of funds, once deposited in the Plan, will be sections.	y additional forms are need ibution Allocations on www. Participant or Recurrence and I represent that: (1) the nents as the transferee plathe transferred amount unubject to all provisions of the meaning of IRC Section 4	ded to complete your requivenewportgroup.com. ipient (Required): transferor plan is the type in may/have established for ider the transferee plan; and the Plan, including all districted.	e of plan indicated above; (2) the or the purpose of reasonably nd (3) I understand that these rollover libution restrictions, un less a
	I understand that my rollover contribution r IRA. By signing and dating below, I hereby		-	•
Section 3: 10 be Completed by Plan Administrator (Required):	I understand that my rollover contribution r IRA. By signing and dating below, I hereby	verify that I received this	rollover within the last 60 c	days.
	I understand that my rollover contribution rollover. By signing and dating below, I hereby X Plan Participant Signature	verify that I received this Print N	rollover within the last 60 c	days.