

## **Participants Instructions for a Rollover from another Employer Sponsored Plan**

This Rollover Contribution Packet consists of the following:

### **A. Rollover Contribution Request**

Complete the required forms in this packet and attach the rollover check. The Trustee of the Plan must sign this form.

The rollover check should be issued payable to *TD Ameritrade, FBO (employee name)*. Also include *Acct. # L94BPCI0005* on the memo line of your check if possible.

**Important:** In order to have the rollover check issued from the other Plan you must contact the Employer who sponsored that Plan to determine what forms are required to initiate the rollover.

### **B. Employee Rollover Investment Election**

You must choose how you would like your rollover to be invested.

**Packet and Check should be mailed to:**

**Niles Lankford Group, Inc.**  
**P.O. Box 329**  
**Plymouth, IN 46563-0329**