



ROLLOVER AGREEMENT FORM

This form is used to directly or indirectly rollover funds from an eligible source to a qualified retirement plan with Sentry. Rollovers will be invested according to your current investment direction or applicable default investment option if election is not received. **Please carefully review your plan's fee disclosure statement before investing.**

INSTRUCTIONS

- Return the completed form to your Plan Administrator/Employer.
- Plan Administrator/Employer must complete Plan Administrator/Employer Section. The rollover check/assets must be received within 180 days from participant signature date. If the signature is dated more than 180 days in the past, a new form will need to be completed.
- Obtain Rollover Check Payable to:

Trustees of 01-11473-01 Win-Tech, Inc. 401(K) PS Plan
 Contract Number and Plan Name

for the benefit of _____
 Participant's Name

PLAN INFORMATION

Contract Number	Plan Name
01-11473-01	Win-Tech, Inc. 401(K) PS Plan

PARTICIPANT INFORMATION (Please Print)

Last Name	First Name	Middle Initial	Social Security Number — —	
Mailing Address		City	State	Zip Code
Email Address		Home Phone Number () —		Other Phone Number () —
Date of Birth	Date of Hire		Division (if applicable)	

ELIGIBLE SOURCE

Please indicate the eligible source of your rollover contribution:

- 401(a) Employer Retirement Plan (e.g. Money Purchase, Profit Sharing, Defined Benefit)**
- Traditional 401(k) Plan**
- Roth 401(k)** - Prior plan must provide statement that includes the first year a Roth contribution was made and the total Roth 401(k) amount contributed.
- 403(b) Tax Sheltered Annuity (TSA)**
- Traditional Individual Retirement Account (IRA)** - A rollover amount from a traditional IRA to an eligible employer plan cannot include any employee after-tax contributions from 401(a) or 401(k) employer retirement plans, Roth IRA, non-deductible IRA, or Educational IRA funds.
- 457 Governmental Deferred Compensation Plan**
- SIMPLE IRA** -To be eligible for a rollover you must have at least two years of participation in the SIMPLE IRA. Sentry will assume that any amounts rolled over from a SIMPLE plan have met this requirement.
- SEP/SARSEP**



If your rollover is from an employer sponsored plan, please provide employer and plan information below:

Employer Name _____

Plan Name _____

Please Note: Under IRS rules, distributions made payable to you (indirect rollovers) are made after 20% federal income taxes have been withheld. Amounts received must be rolled over within 60 days of receipt. Roth 401(k) accounts can only be transferred using a direct rollover. After-tax employee contributions cannot be rolled over to this retirement plan. Contact your employer to determine if Roth rollovers are permitted.

PARTICIPANT AUTHORIZATION

I understand that this form alone will not initiate the transfer of my funds. It is my responsibility to contact my current provider to arrange for the transfer of my rollover.

Print Name of Participant _____

Signature of Participant _____

Date _____

PLAN ADMINISTRATOR/EMPLOYER AUTHORIZATION

Rollovers between plans of a single employer must be accounted for separately within your plan. For this purpose, all businesses in the same controlled group are treated as a single employer. Please indicate if this rollover is from another plan maintained by your business or by any business in a controlled group with your business.

- No, this rollover is from a plan of a different employer/controlled group or is from an IRA
- Yes, this rollover is from this plan or another plan maintained by my business/controlled group.

In your capacity as Plan Administrator, you must decide whether to accept or reject a participant's request to make a rollover contribution into your plan. Before authorizing a rollover to your plan, you must verify that the employee is in an Eligible class of employees under your plan. By signing below, you are indicating your approval of this rollover contribution into your plan.

If you later determine the contribution was an invalid rollover contribution, the amount of the invalid rollover contribution, plus any earnings attributable thereto, will be distributed to the employee within a reasonable time after such determination.

Plan Administrator/Employer must complete Plan Administrator/Employer Section and return form to:

Sentry Life Insurance Company
401k Department
PO Box 8020
Stevens Point, WI 54481-8020

Fax: 715-346-8966
Email: 401kmail@sentry.com
Phone: 800-4SENTRY (800-473-6879), option 3

Print Name of Administrator/Employer _____

Signature of Administrator/Employer _____

Date _____

