

**1. Employee Identification** *Please Print*

*For your protection, Merrill Lynch cannot accept any rollover contribution that is not attached to this form (wire transfers, for example, are not accepted). To roll your money over, submit your completed Rollover Contribution and Beneficiary Designation Forms (if not previously submitted), with check(s) attached, to your Human Resources Department.*

Name: \_\_\_\_\_  
Last
First
Middle Initial

Home Address: \_\_\_\_\_

City	State	Zip									
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Social Security Number	Date of Birth MM-DD-YYYY	Home Phone Number									

**2. Rollover Description**

1. **Check Appropriate Box. All checks must be made payable to the:** "Trustee for PDS, Inc. 401(k) Plan FAO \_\_\_\_\_ [Enter Your Name Here]."
- (a) Attached is a check from my previous employer's plan, made payable as indicated above:
  - (b) Attached is a check from my previous employer's plan, made payable to me and endorsed as indicated above.
  - (c) Attached is a cashier's check made payable as indicated above.

**WARNING:** If (b) or (c) above are chosen, you should be aware that the previous custodian will likely withhold 20% for Federal taxes. You can avoid that withholding requirement by requesting that the check be made payable as indicated above. If you have money withheld and do not roll it into this plan you will be taxed on that amount. Also note, the rollover must be made within 60 days of the distribution from your previous employer's plan or IRA.

2. Total dollar amount of Rollover Contribution: \$ \_\_\_\_\_. (Must equal total below).

Source of Pre-Tax Contributions & Earnings

1)	From a Qualified Plan \$ _____
2)	From a 403(b) Plan \$ _____
3)	From a 457 Plan \$ _____
4)	From an Rollover* IRA \$ _____
<b>Total \$ _____</b>	

**\*Note:** A "Rollover" IRA consists **SOLELY** of assets originally contributed directly to a QUALIFIED PLAN, and a "Contributory" IRA contains any assets that were contributed directly to an IRA.

3. I have attached a copy of the distribution statement from my previous employer or IRA custodian. If the rollover is from my previous employer, verification is needed from that previous employer stating that the plan has received a determination letter, or the plan is intended to be a qualified plan with nothing in its provisions or operations that would result in disqualification of the plan. I certify that my rollover contribution:
- ◆ Does not contain money from any of the following: any withdrawal due to hardship; installment payments if the projected payment schedule is 10 years or more; annuity payments made over my life expectancy or the joint life expectancy of me and my beneficiary; after tax contributions from any IRA, 401(k) or 403(b); or a payment required because I reached age 70 ½ (distribution under IRC Section 401(a)(9)).
  - ◆ (Applies to numbers 1(b) and 1(c) above only.) Is being rolled over into the Plan within 60 days of the date of the distribution from either my prior employer's plan or my rollover IRA (where the funds were temporarily held separately from other IRA funds).
  - ◆ I am entitled to this distribution as an employee, a spousal beneficiary, or alternate payee.

Please choose either Option 3A OR 3B

**3A. Investment Selection – Option One**

Please note that if you select Option 3A, do not complete the investment selection section in Option 3B. Your selections will ONLY be executed if you choose Option 3B.

I have already enrolled in the PDS, Inc. 401(k) Plan and made investment selections.

Your rollover contribution will be invested according to your current investment selections. If you wish to change your investment, call Merrill Lynch at 1-800-229-9040. For hearing-impaired participants, the TDD number is 1-866-657-3323. If you have access, you may also use this website: [www.benefits.ml.com](http://www.benefits.ml.com)

**3B. Investment Selection – Option Two**

I have not yet enrolled in the PDS, Inc. 401(k) Plan and have not yet made any investment selections or wish to have my rollover contribution invested differently than the investment selections on file.

Enter percentages to show how you want your rollover contribution divided among the investment selections. Use any whole percentages (from 1% to 100%). If you do not make investment selections, your rollover will be placed in Merrill Lynch Retirement Preservation Trust.

You will be mailed a PIN (Personal Identification Number) that will allow you to access your account by phone. Once you have a PIN, you can change your investments by phone or via the website. Just call 1-800-229-9040 (or the TDD number 1-866-657-3323 if you are hearing-impaired) or log on to [www.benefits.ml.com](http://www.benefits.ml.com).

**Please carefully check the confirmation you'll be receiving in the mail to make sure your investment instructions have been implemented properly.**

Investment Choice	Amount
AIM Constellation Fund	_____ %
Alliance Bernstein Global Technology Fund	_____ %
American Europacific Growth Fund	_____ %
American Investment Company of America	_____ %
Davis New York Venture Fund	_____ %
Federated Capital Appreciation Fund	_____ %
ING Emerging Countries Fund	_____ %
MFS Government Securities Fund	_____ %
Merrill Lynch Balanced Capital Fund	_____ %
Merrill Lynch Bond Fund Core Bond Portfolio	_____ %
Merrill Lynch Equity Index Trust	_____ %
Merrill Lynch Eurofund	_____ %
Merrill Lynch Global Allocation Fund	_____ %
Merrill Lynch Latin America Fund	_____ %
Merrill Lynch Pacific Fund	_____ %
Merrill Lynch Retirement Preservation Trust	_____ %
Oppenheimer Global Fund	_____ %
Oppenheimer Gold & Special Minerals Fund	_____ %
PIMCO High Yield Fund	_____ %
PIMCO PEA Target Fund	_____ %
PIMCO Total Return Fund	_____ %
Seligman Communications & Information Fund	_____ %
State Street Research Aurora Fund	_____ %
<b>Total Must Equal</b>	<b>100 %</b>

**4. Employee Signature**

By signing this form, I certify that the information in section 2 is true and correct and that the above amount qualifies as an eligible rollover under the Internal Revenue Code. I authorize implementation of any instructions in Sections 2 and 3.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

**Plan Administrator Use Only**

If Employee Not In Plan:

Anticipated Plan Entry Date    -    -

Employee Hire Date    -    -

The employee has certified that the amount attached qualifies as a rollover contribution. I authorize the Trustee to accept the contribution and place it in the employee's rollover account.

Plan Authorized Signature \_\_\_\_\_ Print Plan Administrator's Name \_\_\_\_\_ Date \_\_\_\_\_