



PLROLLOVR

J.P.Morgan

PDS 401(K) PLAN FOR AVIATION SECTOR EMPLOYEES
(823359)

Rollover Contribution Form



EMPLOYEE INFORMATION

First Name	MI	Last Name	Social Security Number	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address 1	<input type="text"/>	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address 2	<input type="text"/>	Day Phone	Evening Phone	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

ROLLOVER INFORMATION

I request that \$_____ be rolled into the PDS 401(K) PLAN FOR AVIATION SECTOR EMPLOYEES. It represents all or a portion of one of the following:

Please select one of the following if any non-Roth monies are being rolled over.

- A. An eligible rollover distribution from an "eligible employer plan" as a direct rollover.*
- B. An eligible rollover distribution from an "eligible employer plan" which was paid directly to me.*

Please select one of the following if any Roth monies are being rolled over.

- C. An eligible rollover distribution from an "eligible employer plan with Roth" as a direct rollover**
- D. An eligible rollover distribution from an "eligible employer plan with Roth" which was paid directly to me.**

*An "eligible employer plan" includes the following: Section 401(k) plan; Profit-sharing plan; defined benefit plan; stock bonus plan; money purchase plan; Section 403(b) annuity plan; Section 403(b) tax-sheltered annuity; an eligible Section 457(b) plan maintained by a governmental employer (governmental 457 plan).

**An "eligible employer plan with Roth" is a section 401(k) plan that accepts Roth contributions into the plan.

NOTE: A rollover contribution under (B) and (D) must be received within 60 days of your receipt of such distribution. Under (D) only the earnings on your Roth account can be rolled over, not the amount of your contributions. Your check will not be accepted unless it is a corporate check, cashier's check or a certified check. The Plan Administrator reserves the right to require evidence that your contribution is eligible for rollover treatment. All rollover checks should be made payable to "Plan Name fbo your/participant's name" and sent to your/participant's home address.

CHOOSE YOUR INVESTMENTS

If you are currently enrolled in the Plan, you do not need to indicate an election for your rollover contribution. Your rollover contribution will be invested in accordance with the investment elections on file. If you are not currently enrolled in the Plan, select the fund options in which you want your Rollover contribution invested. Use multiples of 1% and enter 0% if you do not want to invest in a particular fund option. Please ensure that the "Total" sums to 100%. If you become enrolled in the Plan at a later date, the investment elections you choose at that time will supersede these elections. I would like to invest my rollover contribution as follows:

Select your investment options from the list of available funds below. Use multiples of 1% and enter 0% if you do not want to invest in a particular fund. Please ensure that the "Total" sums to 100%.

Please note that your fund options are printed in alphabetical order.

_____ % AMERICAN FUNDS EUROPACIFIC GR R5	_____ % AMERICAN FUNDS NW PERSPECTIVE-R5
_____ % BLACKROCK GLOBAL ALLOCATION-I	_____ % BLACKROCK LATIN AMERICA-I
_____ % BLACKROCK PACIFIC-I	_____ % COLUMBIA SELIGMAN COMM & INFO-R5
_____ % FRANKLIN GROWTH ADV	_____ % GOLDMAN SACHS GROWTH OPP-I
_____ % JP MORGAN HIGH YIELD-R5	_____ % JPMCB STABLE ASSET INC-INST
_____ % JPMORGAN GOV BD FD SEL	_____ % JPMORGAN SMARTRETMENT 2010-INSTL
_____ % JPMORGAN SMARTRETMENT 2015-INSTL	_____ % JPMORGAN SMARTRETMENT 2020-INSTL
_____ % JPMORGAN SMARTRETMENT 2025-INSTL	_____ % JPMORGAN SMARTRETMENT 2030-INSTL
_____ % JPMORGAN SMARTRETMENT 2035-INSTL	_____ % JPMORGAN SMARTRETMENT 2040-INSTL
_____ % JPMORGAN SMARTRETMENT 2045-INSTL	_____ % JPMORGAN SMARTRETMENT 2050-INSTL
_____ % JPMORGAN SMARTRETMENT INCOME-I	_____ % JPMORGAN U.S. EQUITY INSTL
_____ % LAZARD EMERGING MARKETS INSTL	_____ % MUTUAL EUROPEAN-Z
_____ % OPPENHEIMER DEV MARKETS-Y	_____ % OPPENHEIMER GOLD & SPEC MINER-A
_____ % PIMCO TOTAL RETURN INSTL	_____ % PUTNAM EQUITY INCOME-Y
_____ % RIDGEWORTH MCAP VAL EQ-I	_____ % VANGUARD 500 INDEX SIGNAL
_____ % WELLS FARGO ADV SMALL CAP VAL-A	

For more complete information on the investment options, including their management fees and other charges and expenses, please consult the prospectus and other comparable documents. Investors should consider the investment objectives, risks, charges and expenses before investing. This, and additional information, can be found in the prospectuses, which can be obtained by calling the Retirement Resource Center at 800-854-0647. Please read these documents carefully before investing.

JPMorgan Stable Asset Income Fund

The JPMorgan Stable Asset Income fund, a commingled pension trust fund, is a collective trust fund maintained by JPMorgan Chase Bank, N.A.. Only qualified employee benefit trusts and governmental plans that have appointed JPMorgan Chase Bank, N.A. as fiduciary are permitted to invest in the fund.

Your election remains in effect until you provide new instructions. If your investment allocation cannot be made on the basis of your directions, or the percentages elected do not equal 100%, or you fail to sign this form, your accounts will be invested in the Plan's default fund.

ROLLOVER CHECKLIST

Please ensure that the following items are included with your rollover request:

- A Rollover Contribution Form completed and signed by you
- One or more pieces of documentation that shows the following information:
 - Name of the Prior Employer's Plan
 - Distribution amount
 - Taxable portion of distribution
 - Date of Distribution
 - Name and the telephone number of the person at the Prior Employer from whom more information can be obtained
- Rollover Check(s)

CERTIFICATION

I hereby certify that:

My rollover contribution represents all or part of an eligible rollover distribution from an eligible employer plan whose source is:

\$ _____ Pre-tax contributions

\$ _____ Roth Contributions

The Plan Administrator reserves the right to require evidence that your contribution is eligible for rollover treatment.

PLEASE RETURN THIS COMPLETED FORM AND YOUR ROLLOVER CHECK TO:

10/27/2010

Please mail to J.P. Morgan c/o The Hartford Retirement Plans Group PO Box 55274
Boston, MA 02205-5274

(Rev. 10/2010)

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