

ROLLOVER FORM

Equity-League 401(k) Plan

Please complete the following information

PARTICIPANT'S NAME		SOCIAL SECURITY NO.	DATE OF BIRTH	
STREET ADDRESS		CITY	STATE	ZIP CODE

I have received a description of the Plan, and I hereby elect to make the following rollover:

I. ROLLOVER ELECTION

I understand that the Plan permits me to roll over amounts from an eligible retirement plan provided certain conditions are met. In requesting to make a rollover to the Plan, I hereby certify that I am entitled to the distribution from the eligible retirement plan as an employee or surviving spouse beneficiary, the distribution is not one of a series of periodic payments received from the eligible retirement plan, and the entire amount being rolled over would be includible in my income if it were not rolled over. The requested rollover is from the following:

Check the appropriate box:

- All or a portion of an "eligible rollover distribution" from another Retirement Plan (that is a 401(a)/401(k) plan, 403(b) plan or a governmental 457 plan)("Retirement Plan"), excluding, however, the portion consisting of any after-tax contributions and Roth contributions either transferred directly or rolled over within 60 days of my receipt.
- All or a portion of a distribution to me from a conduit Individual Retirement Account ("IRA"), consisting solely of amounts distributed from a Retirement Plan either transferred directly or deposited to the IRA within 60 days of the original distribution ("rollover IRA"). (**NOTE:** A rollover from an IRA to the Plan can only be made if you never made any other contributions to the IRA.)
- All or a portion of a distribution (excluding any amounts that would not be included in my income) from a traditional IRA either transferred directly or distributed to me within the last 60 days.

II. AMOUNT OF ROLLOVER CONTRIBUTION

Total Amount of Rollover Contribution: \$ _____

NOTE: A rollover from a traditional IRA cannot consist of any after-tax contributions.

A bank check, cashier's check, money order or check issued by a financial institution for the rollover is attached and made payable to "JHTC". **The check must also include your name and last four digits of your Social Security number.**

NOTE: Checks that are not made payable in the required format will be returned to you and your rollover request will be denied. Please do not sign the check.

III. INVESTMENT ELECTION

I hereby authorize the Custodian to invest my rollover contribution, in increments of 1%, as follows. The sum of all elections must equal 100%.

Fund	%	Fund	%
Stable Value Option		Parnassus Value Equity Fund (I)	
American Funds 2010 Target Date Fund (R6)		Vanguard Real Estate Index Fund (Admiral)	
American Funds 2020 Target Date Fund (R6)		Vanguard Mid Cap Index Fund (Admiral)	
American Funds 2030 Target Date Fund (R6)		Fidelity international Index Fund	
American Funds 2040 Target Date Fund (R6)		Victory Integrity Small-Cap Value Fund (R6)	
American Funds 2050 Target Date Fund (R6)		T. Rowe Price New Horizons Fund (I)	
American Funds 2060 Target Date Fund (R6)		American EuroPacific Growth Fund (Class R6)	
Metwest Total Ret Bond (Plan)		Vanguard Institutional Index Fund (I)	
Hartford Schroders US MC Opps Fund (SDR)		Vanguard Inf – Prot Secs (Admiral)	

I understand that if no election is made, my rollover amount will be invested in accordance with my future contribution investment election on file on the date the Rollover contribution is processed at John Hancock.

IV. SIGNATURE SECTION (IMPORTANT- READ THIS SECTION BEFORE SIGNING THE FORM.)

ROLLOVER FROM RETIREMENT PLAN - In the event the rollover is from a Retirement Plan, I certify that the rollover is an eligible rollover distribution received from a Retirement Plan.

ROLLOVER FROM AN IRA - In the event the rollover is from an IRA, I certify that the IRA consists solely of amounts distributed from a conduit IRA or traditional IRA and is an eligible rollover distribution.

Signature of Participant: _____ Date: _____

TO BE COMPLETED BY PLAN ADMINISTRATOR

The rollover request for the above Participant is: APPROVED NOT APPROVED

If approved, the undersigned hereby certifies that based on the information provided, the amount in question represents a valid rollover contribution, and is hereby accepted by the above-referenced Plan.

Authorized Representative: _____ Date: _____

Return this form to: Equity-League 401(k) Plan, 165 W 46th Street, New York, NY 10036