

Association of Unity Churches, Inc. Tax-Sheltered Annuity Plan

Rollover Contribution Form

I. Employee Information (please print or type)

Employee Name (Last, First, MI)

Social Security Number

Address (Street, City, State, Zip)

II. Rollover Contribution

I elect to make a rollover contribution in the amount of \$_____ to my Rollover Account in the

(Plan of current employer)

This rollover contribution is being made from the following "Prior Plan":

[] An individual retirement account (IRA)

Name and a/c number of IRA custodian: _____

[] A plan qualified under Section 401(a) (such as a profit sharing plan, pension plan, or a 401(k) plan)

Name of prior employer and prior plan: _____

[] A plan meeting the requirements of Section 403(b)

Name and a/c number of annuity provider: _____

[] A governmental plan meeting the requirements of Section 457(b)

Name of prior employer and prior plan: _____

Note: You may not make a rollover from a Roth IRA, a SIMPLE IRA, or a 457(b) plan sponsored by a tax-exempt organization.

I understand these funds will be invested in accordance with my investment election currently on file with the plan trustee. If I do not currently have an investment election form on file with the trustee, I am furnishing the form, along with my rollover contribution.

III. Rollover Requirements

I understand that the money I roll over from the Prior Plan identified above may include only amounts that are eligible for rollover. I understand that certain amounts are not eligible for rollover, including, for example: (1) the portion of my distribution which is considered an age 70 1/2 required minimum distribution; (2) a payment that is part of a series of substantially equal periodic payments over a period of ten or more years; (3) a payment I receive as a beneficiary of the participant in the Prior Plan (unless I am the participant's spouse); and (4) any amount paid to me more than 60 days ago; and (5) any after-tax contributions from the Prior Plan. I understand that I am permitted to roll over less than the entire amount of my distribution from the Prior Plan.

IV. Supporting Documents

Documentation must be attached which reflects the amount eligible for rollover and date of distribution from the Prior Plan.

Examples would include: (1) a distribution statement from the Prior Plan accompanied by a Form 1099-R or (2) a statement from the Prior Plan reflecting the amount of the distribution eligible for rollover. In either case, you must provide proof of the date of the payment and sufficient information to prove that the amounts you are rolling over do not include after-tax contributions.

V. Rollover Procedures

Rollover contribution checks should be made payable to: Marshall & Ilsley Trust Company N.A., as trustee of Association of Unity Churches, Inc. Tax-Sheltered Annuity Plan, F/B/O *your name*.

VI. Signature

I have read the Summary Plan Description and understand its provisions including any restrictions. Furthermore, I acknowledge that my rollover meets the requirements of Sections II and III of this form.

Signature

Date

FOR OFFICE USE ONLY

This section is completely by the Plan Sponsor only.

I have determined the participant has not failed to comply with any regulatory requirements. The check was forwarded to the plan trustee on _____ with a photocopy of this statement.

APPROVAL OF PLAN SPONSOR

Authorized Signature

Date