



Accumulation Program for Part-Time and Limited-service Employees

Rollover Contribution Request Form

A. To be completed by Participant in order to roll money into the APPLE Plan from another qualified plan

Employer:

Participant Name:

Address:

Social Security #:

City, State Zip:

Phone #: ()

Amount of Distribution to be rolled over: \$_____ or _____ %

Participant Signature:

Date:

B. To be completed by Administrator of distributing plan

Prior Plan Name:

Date (or anticipated date) of the Distribution:

Total amount of the distribution including any tax withheld: \$_____

Does the distribution include any amounts that are not eligible for rollover? ☐ YES ☐ NO

If so, provide the amount and describe: \$_____

Is the distributing plan a qualified plan under Internal Revenue Code (IRC) section 401(a)? ☐ YES ☐ NO

Plan Administrator Signature:

Date:

Title:

Contact Number:

The distribution check should be made payable to:

FBO: Name of Employee

AUL 3121 Trust

FBO: _____ **APPLE PLAN**

(Employer Name)

C. The APPLE check should be mailed to:

MidAmerica Administrative Solutions

Attn: APPLE

211 E Main Street, Suite 100

Lakeland, FL 33801