



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? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If so, provide the amount and describe: \$ _____	
Is the distributing plan a qualified plan under Internal Revenue Code (IRC) section 401(a)? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Plan Administrator Signature:	Date:
Title:	Contact Number:
The distribution check should be made payable to: AUL 3121 Trust	
FBO: _____ APPLE PLAN	
(Employer Name)	
FBO: Name of Employee _____	

C. The APPLE check should be mailed to:

MidAmerica Administrative Solutions
Attn: APPLE
211 E Main Street, Suite 100
Lakeland, FL 33801