THE NERLAND AGENCY TAX-DEFERRED SAVINGS PLAN

Rollover Contribution Acceptance Form

EMPLOYEE NAME: ____

ADDRESS: ____

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SOCIAL SECURITY #: ____

ESTIMATED ROLLOVER AMOUNT ____

Please make checks payable to *TD Ameritrade Trust Company*
FBO The Nerland Agency Tax-Deferred Savings Plan

Memo Line: *Account ID: T75NERLAND, {Participant Name}*

Mail to: *TD Ameritrade Trust Company*
PO Box 17748
Denver, CO 80217-0748

I certify that the rollover/direct transfer referred herein is an eligible rollover distribution from (choose one):

☐ a qualified retirement plan described in Internal Revenue Code Section 401(a) or 403(a), excluding after-tax employee contributions (such as a 401(k), profit sharing or pension plan)

☐ an annuity contract described in Internal Revenue Code Section 403(b), excluding after-tax employee contributions

☐ an eligible plan under Internal Revenue Code Section 457(b), which is maintained by a state, political subdivision of a state, or any agency or instrumentality of a state or political subdivision of a state

☐ a traditional IRA described in Internal Revenue Code Section 408(a) or 408(b) that is eligible to be rolled over.

INVESTMENT INSTRUCTIONS

Proceeds of this rollover will be invested as per my current elections on file. (If you are not currently participating, it is necessary to complete an Enrollment/Change Form. Please submit the completed Enrollment/Change Form with the Rollover Acceptance Form.)

____ _________________________

(PARTICIPANT SIGNATURE) ***(DATE)***

Return this form when completed to Lisa King, The Nerland Agency, 808 E Street, Anchorage, AK 99501

Please Note: This form is to confirm that the money being rolled over is coming from an eligible rollover source ONLY. It is the employee's responsibility to initiate the distribution from the previous plan and have it processed as detailed above.