



NATIONAL EMPLOYERS RETIREMENT TRUST

Retirement Plan Direct Rollover Request

Use this form to transfer your eligible retirement plan distributions from your former employer's plan or IRA to your employer's retirement plan in the National Employers Retirement Trust.

Ø Please provide the following information:

Your Name

Daytime Phone

Your Address

Social Security Number

City, State, Zip

Current Employer

Ù Please tell us about your retirement account:

" Profit Sharing/401(k) " Money Purchase " Defined Benefit " IRA " Other _____

Name of Plan (with your former employer)

Account number

Name of Transferor Trustee, Custodian or Employer

Phone Number

Address

Name of Contact/Department

City, State, Zip

Ú Please tell us how to invest your direct rollover (Must add to 100%):

" Use My Current Election

Provident Mutual Guaranteed Fund _____

PIMCO Foreign Bond Fund _____

Husic Capital Growth Fund _____

Wells Fargo Gov't Securities Fund _____

FBR Small Cap Fund _____

Wells Fargo Corporate Bond Fund _____

Artisan Partners International Fund _____

Vanguard Index Fund _____

Vanguard Wellington Fund _____

Pioneer Cullen Fund _____

Principal U.S. Property Fund _____

Û Please authorize your current employer/trustee/custodian to directly transfer the eligible portion of your distribution to your employer's retirement plan in NERT.

To Transferor Trustee, Custodian or Employer:

Please accept this as your authority to liquidate and directly roll over " all or " part (\$ _____) of my eligible retirement plan distribution to my employer's qualified retirement plan in the National Employers Retirement Trust.

Although Cardinal Bank, custodian of the National Employers Retirement Trust, is a bank, I recognize that neither the National Employers Retirement Trust nor any Plan or Investment Company shares in which this plan is invested is a bank and that Plan shares are NOT (i) deposits or obligations of, or guaranteed by, any depository institution, or (ii) insured by the FDIC, the Federal Reserve Board or any other agency, and ARE subject to investment risk, including possible loss of principal.

I have received and read the prospectus for the Plan in which I am making my investment. If I am over age 70 1/2, I attest that none of the amount to be rolled over will include the required minimum distribution for the current year pursuant to Section 401(a)(9) of the Internal Revenue Code. I certify that the distribution(s) from an employer-sponsored plan that is hereby being rolled over to my NERT account qualified for rollover treatment and I irrevocably elect to treat such contribution(s) as a rollover contribution(s).

Plan Participant

Date

(Signature Guarantee B if required)

Ü Acknowledgment

The National Employers Retirement Trust acknowledges that it has established an account for the individual listed above. Please issue your check payable to **NERT, FBO Participant's Name**. We will accept any and all funds that discharge the obligation listed above and requests that such funds be sent to the following address:

Administrator, National Employers Retirement Trust
4701 Sangamore Rd., Suite 205 South
Bethesda, MD 20816
(301) 320-9300; (301) 320-6854 (fax)

Plan Administrator, NERT