

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.

Your Name	Daytime Phone
Your Address	Social Security Number
City, State, Zip	Current Employer
Please tell us about your retireme □ Profit Sharing/401(k) □ Money Purchase	ent account: □ 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	
3 Please tell us how to invest your d ☐ Use My Current Election	lirect rollover (Must add to 100%):
M . I 'C C. 11 M 1 E 1	PIMCO Foreign Bond Fund
T. Rowe Price Growth Fund	
Hennessy Focus Fund	*****
Artisan Partners Intøl Fund	
Vanguard Wellington Fund	D' C 11 E 1
Principal U.S. Property Fund	PIMCO Commodity Fund
your distribution to your employer's To Transferor Trustee, Custodian or Employer: Please accept this as your authority to liqui my employer's qualified retirement plan in the Natio. Although Sandy Spring Bank, custodian of Retirement Trust nor any Plan or Investment Comp obligations of, or guaranteed by, any depository insti investment risk, including possible loss of principal. I have received and read the prospectus for to be rolled over will include the required minimum a	idate and directly roll over [I] all or [I] part (\$) of my eligible retirement plan distribution to nal Employers Retirement Trust. If the National Employers Retirement Trust, is a bank, I recognize that neither the National Employers pany shares in which this plan is invested is a bank and that Plan shares are NOT (i) deposits or stution, or (ii) insured by the FDIC, the Federal Reserve Board or any other agency, and ARE subject to the Plan in which I am making my investment. If I am over age 70 1/2, I attest that none of the amount distribution for the current year pursuant to Section 401(a)(9) of the Internal Revenue Code. I certify I plan that is hereby being rolled over to my NERT account qualified for rollover treatment and I
Plan Participant D	Oate (Signature Guarantee – if required)
6 Acknowledgment	
	Retirement Trust th