



Transfer Money From Your Old Plan Into Your New Plan

Request a distribution form from your prior plan administrator with the following instructions:

To Mail funds:

Make checks payable to: MG Trust Company
Memo line: TPA 000240, _____(Plan Name)
Mail to (Regular mail): MG Trust Company
Attn: TPA 000240
P.O. Box 46546, Denver, CO 80201

Rollover Contribution to be deposited into **MG Trust Company**, FBO:

Participant Name: _____

Address: _____ City: _____ State: ____ Zip: _____

Social Security # _____ Amount of rollover: _____

As a participant in the above plan, I hereby wish to make a “rollover contribution” into the above plan. I hereby certify the rollover contribution satisfies the rollover requirements of the Internal Revenue Code of 1986, as amended, and is from an **Eligible Employer Plan**.

Participant’s Signature

____/____/____
Date

Trustee’s Signature

____/____/____
Date