

Investment Election

I hereby direct all amounts be invested in the following manner. Allocations must be in whole % and the total must equal 100%.
If you would like to elect additional Funds, please attach a separate sheet.

Fund Code	Fund Name	Allocation			
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Your allocations must total 100%		<table border="1"><tr><td>1</td><td>0</td><td>0</td></tr></table>	1	0	0
1	0	0			

Note: If you fail to complete the investment elections above, your contribution will automatically be invested according to your current fund allocations.

Employee Certification

Employee Certification for Indirect Rollover

I hereby certify the following:

1. I was entitled to the distribution from the prior plan as an employee or spouse beneficiary;
2. The distribution was **not** one of a series of periodic payments;
3. I received the distribution not more than 60 days before the intended rollover contribution to the new plan; and
4. The entire amount of this rollover contribution would be taxable to me if it were not rolled over.

Note: It is important that **all** of the certifications you have made above are true and accurate. If any of the certifications are not accurate please do not attempt to rollover your distribution to the Plan.

Authorization

I have read and acknowledge the certifications above. **I understand that if any of the certifications made above are incorrect, my distribution is not eligible for rollover and I may be subject to adverse tax consequences as a result of the improper rollover.** I agree to promptly notify my employer if I later discover that any certifications are incorrect.

Signature of Participant

Date

Signature of Plan Administrator

Date

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(10/16/2009)

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