

# Retirement Plan Rollover Contribution Transmittal Form

*This form should accompany your rollover contribution deposit.*

<b>PARTICIPANT INFORMATION</b>	Social Security Number _____ First Name _____ Last Name _____ Phone Number _____ Email Address _____ Plan Name _____ Plan Number _____		
<b>ROLLOVER INFORMATION</b>	Dollar amount of check \$ _____ . (82) Date Sent to Trust (mmdyyy) _____ Submitted by: Name _____ Date _____  Mail the completed Rollover Contribution Form, this Transmittal Form and original rollover check made payable to Ascensus Trust to: <table data-bbox="357 693 1023 840"><tr><td><b>Ascensus Trust</b> PO Box 10399 Fargo, ND 58106-0399</td><td><b>Overnight Address</b> Ascensus Trust 1655 43rd Street South Suite 100 Fargo, ND 58103</td></tr></table> <b>Note:</b> <i>1. Your check must be payable to Ascensus Trust. 2. Please include the plan number on your check. 3. If more than one rollover contribution is being sent, please use a separate Rollover Contribution Transmittal Form for each request.</i>  If you have questions while completing this form, please contact the Plan Information Line at 1-877-819-7214.	<b>Ascensus Trust</b> PO Box 10399 Fargo, ND 58106-0399	<b>Overnight Address</b> Ascensus Trust 1655 43rd Street South Suite 100 Fargo, ND 58103
<b>Ascensus Trust</b> PO Box 10399 Fargo, ND 58106-0399	<b>Overnight Address</b> Ascensus Trust 1655 43rd Street South Suite 100 Fargo, ND 58103		