

Savings Banks Employees Retirement Association

401(k) PLAN ROLLOVER ENROLLMENT APPLICATION FOR NON-ELIGIBLE PARTICIPANTS

The Employee named below has not met eligibility requirements for membership in the Savings Banks Employees Retirement Association (SBERA) 401(k) Plan sponsored by the employer indicated below, but has requested to rollover money from a prior qualified plan.

Section 1 Employer Information

SBERA Employer Member:		SBERA Employer Member Plan No.:	
Employee Name:		SBERA Certificate No.:	
Is the rollover coming from another SBERA Employer Member?			
<input type="checkbox"/> No			
<input type="checkbox"/> Yes – Complete the following and submit with withdrawal form from previous employer. Certificate No: _____			
Name of SBERA Employer:		Exact Dates of Employment:	
_____		From _____ To _____	

Section 2 Employee Information

Date of Birth: (Mo., Day, Yr.)	Date of Hire: (Mo., Day, Yr.)	Current Age:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number: ____ - ____ - ____
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Address (Street, City, State, Zip Code): _____

Martial Status:

Single

Married – Spouse’s Name: _____ Date of Birth: _____

Spouse’s Social Security No.: _____ - _____ - _____

Beneficiary Name if single: _____

Indicate how you would like to invest your rollover money. These percentages will be used to invest all contributions received by SBERA unless the participant changes his/her investment direction via the Voice Access System or the SBERA web site www.sbera.com. The percentage indicated must be in whole percentages in 1% increments and total 100%. If the percentages indicated do not equal 100%, the difference will be allocated to the Plan Default Account. The Participant is responsible for transferring any balances out of the Money Market Account and changing future contribution instructions.

_____ % Money Market Account	_____ % International Equity Account	_____ % LifePath 2010 Account
_____ % Equity Account	_____ % Large Cap Value Account	_____ % LifePath 2020 Account
_____ % Bond Account	_____ % Small Cap Value Account	_____ % LifePath 2030 Account
_____ % Index 500 Account	_____ % All Asset Account	_____ % LifePath 2040 Account
_____ % Small Cap Growth Account	_____ % Large Cap Growth Account	_____ % SBERA Account
_____ % Employer Stock (if applicable)	_____ % LifePath Retirement Account	

Participant’s Signature: _____ Date: _____

Human Resources Representative’s Signature _____ Date: _____

HR: Please attach a completed copy of the ‘Plan Rollover Application’ form (K-16), a check payable to SBERA and a completed yellow deposit card.

SBERA Use only Date Rec’d _____ Date Entered: _____ By: _____