

QUALIFIED ROLLOVER FORM

PLAN NAME				NÚMERO DEL PLAN	
FULL NAME		BIRTH DATE	SOCIAL SECURITY NUMBER	<input type="checkbox"/> MARRIED	<input type="checkbox"/> SINGLE
ADDRESS				ZIP CODE	
EMPLOYEE NUMBER	HIRE DATE	TRANSFER DATE	TRANSFER AMOUNT	CHECK ISSUE DATE	

As employee of _____ I hereby request a full rollover from my old qualified plan to my new plan _____ for previously mentioned amount. By fulfilling this form, I certify that the transfer constitutes a qualifying rollover, as defined by the law in Puerto Rico. Enclosed is a participant statement from my old plan which shows that the rollover transfer is for the amount in the check that I am attaching together with the qualification letter of my previous plan.

INVESTMENT SELECTION (choose one)

- I wish to invest my rollover contribution pursuant to my current investment elections under the new plan. (This option is only available to plan participants).
- I wish to invest my rollover contribution in the Qualified Default Investment Alternative option. Please send me the pin letter in order to access my account and make investment changes through www.popular.com/401K.

SIGNATURE

I hereby certify that this information is accurate to the best of my knowledge.

PARTICIPANT SIGNATURE

DATE

OFFICIAL USE

PROCESSED BY	DATE	PLAN NUMBER
REVIEWED BY	DATE	

