

ELIGIBLE ROLLOVER:

- Distributions from a retirement plan of another employer.
- “Rollover IRA” that was established with a distribution from a retirement plan of a former employer.
- Traditional IRA funded by you on a pre-tax basis.

PARTICIPANT INFORMATION:

Employer/Plan Name: Schupan & Sons, Inc. Profit Sharing and 401(k) Plan

Participant Name: _____ Social Security Number: XXX-XX-

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Email Address: _____ Daytime Phone Number: _____

DIRECT ROLLOVER INSTRUCTIONS:

Rollover check can be made payable to: Schupan 401(k) fbo <<Your Name>>

Account number for this Plan: 26380039

Rollover check can be sent directly to: Greenleaf Trust | Attn: RPD | 211 S. Rose Street | Kalamazoo, MI 49007

ROLLOVER INFORMATION:

This qualified retirement plan accepts direct rollover contributions from any eligible retirement plan. An eligible retirement plan rollover is a distribution from one of the following sources. Please indicate the source of your direct rollover contribution to this Plan:

FROM A FORMER EMPLOYER PLAN [401(k), 403(b), or Governmental 457 Plan]

Contact your former employer or provider for distribution paperwork. Select the option to have money rolled over directly to another qualified retirement plan.

- Traditional pre-tax contributions
- Roth after-tax contributions

FROM AN INDIVIDUAL RETIREMENT ACCOUNT (IRA) [other than a Roth IRA]

(Provided the entire amount being rolled over would be includible in your gross income if it were not rollover over)
Contact your IRA provider for direct rollover paperwork.

INVESTMENT INSTRUCTIONS:

The rollover funds will be invested according to your current elections. Your investment elections can be changed online at any time.

BENEFICIARY DESIGNATION:

You may designate or update your beneficiary(ies) online at any time.

PARTICIPANT SIGNATION [please read carefully and sign]:

I hereby request that my direct rollover be contributed to my account in this Plan. I certify that I have received and reviewed tax information describing the direct rollover contribution rules from my prior Plan Administrator or IRA custodian, and that my direct rollover constitutes an eligible rollover distribution. I certify to the best of my knowledge that:

- (a) I am entitled to the direct rollover distribution as the participant, not as a beneficiary.
- (b) the distribution that I am rollover over was not one of a series of periodic benefit payments
- (c) the direct rollover distribution, if paid to me, has not been in my possession for more than 60 days.

SIGNATURE OF PARTICIPANT: _____ DATE: _____

RETURN FORM FOR SIGNATURE:

Email: participant@greenleaftrust.com | Mail: Greenleaf Trust | Attn: RPD | 211 S. Rose Street | Kalamazoo, MI 49007

QUESTIONS REGARDING PLAN BENEFITS

Greenleaf Trust Participant Call Center | Call: 269.553.8400 or 866.553.8400 | Email: participant@greenleaftrust.com

PLAN ADMINISTRATOR AUTHORIZATION [to be completed by the employer]:

I authorize acceptance of this direct rollover contribution to the Plan.

SIGNATURE OF EMPLOYER/PLAN ADMINISTRATOR: _____ DATE: _____