

**CENTRAL MAINE HEALTHCARE CORPORATION 457 PLAN
REQUEST FOR ROLLOVER OF PRIOR
QUALIFIED PLAN/QUALIFIED IRA DISTRIBUTION**

Name: _____ Soc. Sec. #: _____

Address: _____ Birth Date: _____

_____ Location: _____

- As a former participant in a qualified plan sponsored by _____, I wish to roll my distribution from the Plan into the Central Maine Healthcare Corporation 457 Plan.
- I wish to roll my conduit IRA, currently invested at _____, into the Central Maine Healthcare Corporation 457 Plan.

Enclosed is a check, or the money will be transferred directly to the investment firm for \$ _____ from the prior plan's trustee. This amount represents my distribution from a prior plan, a qualified retirement plan.

The check should be made payable to:

Nationwide Life Insurance Company
"FBO _____" (print your name)

Be sure to include your plan number, #543-50501, on the check.

This money represents employer or salary deferral contributions only. I did not contribute any after-tax money to the plan/IRA.

I UNDERSTAND THE FOLLOWING CONDITIONS ARE APPLICABLE:

1. My Rollover Account will be invested in the same manner as my contributions in accordance with the investment allocation I last elected on the Enrollment/Change Form.
2. My Rollover Account, as adjusted for investment gain or loss, is 100% vested.
3. My Rollover Account will be subject to the terms and conditions of the Central Maine Healthcare Corporation 457 Plan.

PARTICIPANT CERTIFICATION:

I HEREBY CERTIFY that this rollover represents a distribution from a qualified retirement plan/conduit IRA and, upon deposit into the plan becomes subject to the above conditions.

I attach hereto a letter from the qualified retirement plan/conduit IRA, a distribution statement, or other written evidence that the original source of this rollover is a qualified retirement plan.

Date _____ Employee Signature: _____