



d. Diversified Services, LTD 401(k) Profit Sharing Plan

FSD

ROLLOVER / TRANSFER IN FORM

(Please Print or Type)

Participant Name (Last, First) _____ Social Security No. _____

Mailing Address _____

City _____ State _____ ZIP _____ Daytime Phone (____) _____

SECTION I – TRANSFER IN ELECTION

I certify that the plan listed below is another qualified plan under sections 401(a), 403(b), or 457(b) of the IRC, or is a Conduit IRAs which holds funds which were originally in one of the plans previously mentioned. The distribution from this plan meets the requirements for a direct rollover or voluntary transfer as described within both the transferor and transferee plan documents.

Transferor Plan Name _____

Check Amount: \$ _____

I elect to have my direct rollover invested according to the following percentages (*percentages must be in 1 percent increments*). **Please note:** If you do not complete this section, your funds will be invested according to your investment election percentages currently on file, if no elections are on file the plan administrator may direct the investments to the default fund election(s) or reject this request pending receipt of investment elections.

<u>Fund</u>	<u>Percentage</u>
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
<i>Total</i>	<i>100%</i>

Participant's Signature _____ Date ____/____/____

SECTION II – CHECK INSTRUCTIONS

The check must be payable to: **AST Trust Company, FBO d. Diversified Services, LTD 401(k) Profit Sharing Plan, FBO Participant's Name**

Note: Please attach the check to this form and mail to the following address (please keep a copy for your records):
Ceridian Retirement Plan Services
Attention: CTU -- Rollover
PO Box 534044
St. Petersburg, FL 33747

SECTION III – PLAN ADMINISTRATOR AUTHORIZATION

I have reviewed the above rollover application and authorize the acceptance of this rollover into this plan

Authorized Signature _____ Date ____/____/____