



Defined Contribution Rollover Request

(For distributions from another Retirement Plan or vehicle)

Date: _____

Current Custodian

Address City State Zip

TSA account number/s:

Amount to be rolled over to the Converge Retirement Plan: _____ (If entire amount, write 100%)

I would like the amount designated above to be transferred to my Converge Retirement Plan account.
I understand that the Converge Retirement Plan is qualified to accept this rollover and will place these funds into my Defined Contribution ('Supplemental') account.

The rollover check should be made out to Converge Retirement Plan, TTEF, FBO (participant name) and sent to:

Converge Retirement Plan
2002 S. Arlington Heights Road
Arlington Heights, IL 60005

Participants Name

Address City State Zip

Converge Retirement Account #: _____

Participant's Signature: _____

Please return this form to the Converge Retirement Plan and we will forward it to your financial institution with a letter verifying that we will accept Rollovers from a qualified Retirement Plan or vehicle.