



ROLLOVER CONTRIBUTION INSTRUCTIONS FOR DEPOSITS INTO THE



Oak Harbor Freight Lines, Inc. 401(k) Plan and Trust

If you have retirement savings in a previous employer's retirement plan or an Individual Retirement Account (IRA) you may be able to roll those accounts into this Plan. To initiate a rollover, please review the following information then follow the steps outlined below:

Types of accounts that may be allowed to be rolled into the Plan:

Governmental 457 Plans, Employer plans qualified under section 401(a)/401(k) or 403(b) Pre-tax and Roth, Traditional Pre-tax IRAs, SEP IRAs, SIMPLE IRAs*.

**after two years*

Types of accounts that are NOT allowed to be rolled into the Plan:

Non-governmental 457 plans, after-tax (non-Roth) amounts received from a Plan, Inherited IRAs, Roth IRAs and Traditional After-tax IRAs.

Types of payments for qualified plans that are NOT allowed to be rolled into the Plan:

1) One of a series of substantially equal payments payable over life expectancy or joint life expectancies of participant and designated beneficiary; (2) One of a series of installment payments payable over 10 years or more; (3) All or part of a Required Minimum Distribution; (4) A financial hardship withdrawal; and (5) A return of any excess deferrals, excess contributions, or excess aggregate contributions.

INSTRUCTIONS

Step 1: Confirm the following: A) you have met the plan eligibility requirements to roll money into the Plan and B) your other retirement account(s) are eligible for rollover into the Plan (review the Summary Plan Description or contact your plan representative or the participant service center at 888-700-0808 for more information).

Step 2: Request and complete the distribution paperwork required by your former employer or IRA (Individual Retirement Account) custodian. Please note that you must initiate this process. Use the following instructions when requesting your rollover check:

Request check be made payable to:

Charles Schwab Trust Bank
REF: Oak Harbor Freight Lines, Inc. 401(k) Plan and Trust/106343
FFC: Participant Name

Checks that do not have **all** the above references may be delayed or returned. Make sure the check is NOT payable to you.

Have the check mailed directly to you or to the Plan Custodian at:

Charles Schwab Trust Bank
P.O. Box 81686
Austin, TX 78708

Step 3: Complete the Rollover Contribution Acceptance Form and return it to NWPS via Fax (425-745-5017) Mail (4025 Delridge Way SW Ste 250, Seattle, WA 98106) or Email (inbox@nwpsbenefits.com) along with the rollover check (if check has not already been mailed directly to the custodian) with supporting documentation.

Step 4: If you have not yet established your account by completing an Enrollment/Investment Designation Form or making investment elections online, your rollover funds will be invested in the Qualified Default Investment Alternative chosen by the Plan.

Notes:

If you are rolling Roth money into the retirement plan, you must include with the Rollover Acceptance Form a statement from the administrators of your former employer's retirement plan stating the basis of your Roth contributions and the first year you contributed Roth to your former employer's retirement plan. Without this information, your rollover will not be accepted into your new retirement plan.

If you are rolling both Traditional Pre-Tax and Roth money into the retirement plan, please complete the Rollover Acceptance Form on the next page twice (once for each source of money).



ROLLOVER CONTRIBUTION ACCEPTANCE FORM



Oak Harbor Freight Lines, Inc. 401(k) Plan and Trust

1 Information (about you)

First Name (print) MI Last Name

_____-_____-_____
Social Security Number

_____-_____-_____
Date of Birth (mm-dd-yyyy)

_____-_____-_____
Date of Hire (mm-dd-yyyy)

Mailing Address City State Zip

Phone Number (mobile # preferred) Email Address Check here to sign up for Electronic Statements*

**If electing Electronic Statements, you may switch to paper statements at any time by updating your personal setting on the participant website.*

2 Source of Rollover

Name of prior provider:

Account or Plan Number:

Name of Plan (if applicable):

TYPE (choose one)

- I certify that this rollover represents all or part of the taxable portion of a qualified distribution from my previous employer's qualified plan. This rollover is being made directly from my previous employer's qualified plan. This rollover does not contain after-tax contributions and has not been combined with any money that would disqualify the rollover.
- I certify that this rollover distribution is directly from a traditional individual retirement account (IRA). This rollover does not contain after-tax contributions and has not been combined with any money that would disqualify the rollover.
- I certify that this rollover represents all or part of the Roth portion of a qualified distribution from my previous employer's qualified plan. This rollover is being made directly from my previous employer's qualified plan. This rollover contains Roth and/or after-tax contributions and has not been combined with any money that would disqualify the rollover.
- I certify that this rollover represents all or part of the taxable portion of a qualified distribution from my previous employer's qualified plan. This rollover was originally paid directly to me within the last 60 days as a lump-sum cash distribution, from which the required 20% federal income tax was withheld. This rollover does not contain after-tax contributions and has not been combined with any money that would disqualify the rollover.

The 20% withholding portion of my original lump-sum distribution is included is not included in this rollover.

3 Amount of Rollover

The amount of my rollover pre-tax contribution is \$_____.

The amount of my rollover contribution attributable to Roth contributions is \$_____.

Date of First Roth Contribution: _____.

Total Roth Contributions: \$_____.

Total earnings on Roth Contributions: \$_____.

4 Participant Authorization

I certify that the number shown on this form is the correct Social Security Number or Taxpayer Identification Number. I further certify that the information I have provided regarding the requested rollover contribution is accurate and eligible for rollover. I acknowledge that I have already satisfied my required minimum distribution for the calendar year if so required. I understand that only certain types of distributions are eligible for rollover treatment and that it is solely my responsibility to ensure such eligibility.

	X	
Participant Name (print)	Participant Signature	Date

Return completed form to NWPS via Fax (425-745-5017) Mail (4025 Delridge Way SW Ste 250, Seattle, WA 98106) or Email (inbox@nwpsbenefits.com).