

Incoming Rollover Instructions

Plan Name: **Provisio Group 401(k) Plan**

Plan Number: **45404**

If you have a balance in a former employer's retirement plan and/or an IRA, you may want to consider consolidating your assets in the Provisio Group 401(k) Plan. Keeping your retirement savings in a single plan can help simplify performance tracking, provide greater convenience in making investment changes, and minimize paperwork.

"Rolling" money into the Provisio Group 401(k) Plan is a three-step process. Please follow these instructions to ensure that your rollover is completed in a timely and accurate manner. Please note: Failure to follow these instructions may result in a delay in the processing of your request and may jeopardize your ability to roll over your distribution.

REQUEST YOUR DISTRIBUTION:

Request the distribution from your prior employer's qualified plan or an Individual Retirement Account (IRA).

There are two distribution check payable options:

1. The distribution check is made payable to Fidelity Management Trust Company (or FMTC) for the benefit of the participant. The check must be from the distributing trustee or custodian. **(Personal checks are not acceptable.)**
2. If the distribution check is made payable to the Participant you must send your rollover to Fidelity via a certified check or money order or the amount you are rolling over.
 - Fidelity does not accept wire transfers of funds. You must request a CHECK from your previous plan or IRA.
 - Check should be mailed directly to you. Once you receive the check, please follow the directions below.

COMPLETE YOUR ROLLOVER APPLICATION:

- The employee must complete the following sections of the Rollover Form (Attached): Employee Information, Rollover Contribution Information (include specific rollover amount), Investment Elections (Must be in whole numbers and total 100%), and participant signature.
- The employee forwards the completed Rollover Form and check to the Plan Administrator.
- The Plan Administrator must review the form for completeness and accuracy, sign, and date the form on the Plan Administrator line in the Signatures section. The Rollover Form along with the rollover check is then sent to Fidelity Investments using the address information below.
- **If you are not sure of the Rollover Type, please contact your prior Plan Administrator for verification. An incorrect Rollover Type could invalidate your rollover.**

MAIL THE INFORMATION:

- The plan Sponsor should mail check and completed Rollover Form to one of the following addresses:

Regular Address:
Fidelity Investments Retirement Services Company
Client Services Operations
P.O. Box 770001
Cincinnati, OH 45277-0024

Overnight Address:
Fidelity Investments
Client Services Operations
100 Crosby Parkway (KC1F-E)
Covington, KY 41015

- Please include all of the information requested. Incomplete forms and the accompanying check will be returned to you and may jeopardize your ability to rollover your distribution.

Once your rollover contribution is accepted into the Provisio Group 401(k) Plan, you can log onto Fidelity Netbenefits® at www.401k.com to view your rollover contribution and investment election(s).

ROLLOVER FORM

Social Security Number

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Plan Number:

45404

Plan Name: Provisio Group 401(k) Plan

Employee Information

Participant Name: _____
Last First Middle Initial

Participant Address: _____
Street

_____ City State Zip

Division: _____ Hire Date: _____ Birth Date: _____

Rollover Contribution Information

I request that the amounts below be rolled into my current Employer's Plan. (Rollover Contributions may only be made in the form of cash, allowable mutual fund shares, or, if allowed by your current Employer's Plan, promissory notes from your prior employer's qualified plan.) I have attached a **certified check, money order, or check** from the prior trustee, **made payable to "Fidelity Management Trust Company as Trustee,"** and it represents one of the following:

	Rollover Type	Description	Fidelity Code	Dollar Amount
Pre-Tax	401(a)	A distribution from a prior employer's qualified 401(a) plan either as a direct rollover or as paid directly to me less applicable taxes	1K	\$
	403(b)	A distribution from a previous employer's 403(b) plan (Note: Existing monies within the current Employer's Plan will lose favorable tax treatment)	3B	\$
	R/O IRA	A distribution from a Rollover Individual Retirement Account and earnings thereon ("conduit IRA")	IC	\$
	Traditional IRA	A distribution from a traditional Individual Retirement Account ("Non-Conduit IRA")	IN	\$
	Gov't 457	A distribution from a Governmental 457 retirement plan (Note: Rollover monies will be subject to 401(k) rules for early distribution)	7G	\$
	After-Tax Earnings	Earnings from an after-tax source is considered a pre-tax rollover	1K	\$
After-Tax	401(a)	A distribution of employee after-tax contributions to a 401(a) plan (Note: earnings on After-Tax are considered a Pre-Tax Rollover and are included above)	1K	\$
Total Amount of Rollover (Verify this sum equals the amount of the checks)				\$

Note: A Rollover Contribution paid directly to the participant or from an IRA must be received by Fidelity within 60 days of your receipt of such distribution. The Plan Administrator reserves the right to require sufficient evidence that your distribution is from a qualified retirement plan or an IRA.

Investment Elections

I choose to invest my Rollover Contribution as follows:

(Indicate a whole percentage for each fund. Percentages containing fractions or decimal points will not be accepted. The TOTAL of the percentages invested in all funds must equal 100%.)



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Permissible Investment Option	Name	Investment Option Number	Whole Percentage
1	Fidelity Retirement Money Market Portfolio	0630	
2	Fidelity Intermediate Bond Fund	0032	
3	Fidelity Investment Grade Bond Fund	0026	
4	Fidelity Short-Term Bond Fund	0450	
5	Fidelity Puritan Fund	0004	
6	Fidelity Equity-Income Fund	0023	
7	Fidelity Equity-Income II Fund	0319	
8	Fidelity Value Fund	0039	
9	Fidelity Dividend Growth Fund	0330	
10	Fidelity Fund	0003	
11	Spartan [®] Total Market Index Fund	0397	
12	Fidelity Value Strategies Fund	0014	
13	Spartan [®] Extended Market Index Fund	0398	
14	Fidelity Small Cap Retirement Fund	0384	
15	Fidelity Small Cap Value Fund	1389	
16	Fidelity Blue Chip Growth Fund	0312	
17	Fidelity Export and Multinational Fund	0332	
18	Fidelity Fifty [®]	0500	
19	Fidelity Growth Company Fund	0025	
20	Fidelity Large Cap Stock Fund	0338	
21	Fidelity OTC Portfolio	0093	
22	Fidelity <i>Contrafund</i> [®]	0022	
23	Fidelity Aggressive Growth Fund	0324	
24	Fidelity Mid-Cap Stock Fund	0337	
25	Fidelity Aggressive International Fund	0335	
26	Fidelity Diversified International Fund	0325	
27	Fidelity Overseas Fund	0094	
28	Fidelity Real Estate Investment Portfolio	0303	
29	Fidelity Freedom Income Fund [®]	0369	
30	Fidelity Freedom 2000 Fund [®]	0370	
31	Fidelity Freedom 2010 Fund [®]	0371	
32	Fidelity Freedom 2020 Fund [®]	0372	
33	Fidelity Freedom 2030 Fund [®]	0373	
34	Fidelity Freedom 2040 Fund [®]	0718	
35	Fidelity Freedom 2005 Fund [®]	1312	
36	Fidelity Freedom 2015 Fund [®]	1313	
37	Fidelity Freedom 2025 Fund [®]	1314	
38	Fidelity Freedom 2035 Fund [®]	1315	
39	Fidelity Freedom 2045 Fund SM	1617	
40	Fidelity Freedom 2050 Fund SM	1618	

Total	100%
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Note: Your investment elections above will only apply to your Rollover Contribution and not your current Plan assets in your Account.

Signatures

I understand that I must satisfy the Plan's eligibility and entry date requirements to become an Active Participant in the Plan. I hereby certify that the information on this form is true, accurate and complete.

PARTICIPANT _____ **DATE** _____

As Plan Administrator I authorize the Participant's Rollover Contribution.

PLAN ADMINISTRATOR
PRINT NAME* _____

PLAN ADMINISTRATOR
SIGNATURE* _____ **DATE** _____

* Note: The Plan Administrator should both print and sign his/her name in the spaces given.

Form Completion Checklist

Before Submitting this form please verify that you have included the following information:

- | | |
|---|---|
| <input type="checkbox"/> Participant's social security number | <input type="checkbox"/> Participant signature |
| <input type="checkbox"/> Investment Elections (Whole percentages totaling 100%) | <input type="checkbox"/> Plan Administrator signature |