

**NEZ PERCE TRIBE EMPLOYEES' RETIREMENT PLAN**

**ROLLOVER ACCEPTANCE FORM**

**Participant Information**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

**Previous Employer & Plan Information**

Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Plan Name: \_\_\_\_\_

Benefit Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

*Please attach a current statement from your previous plan detailing your account balance by source.*

**Payment Requisition Information**

**Make Check Payable to:** AST Trust Company fbo Nez Perce Tribe Employees' Retirement Plan, AST Acct # a4064

**In the Memo Line:** Account # a4064 and your Social Security Number

If the check is not payable as indicated above, we cannot guarantee the Bank will accept the check for deposit. If the bank will not accept the check for deposit, a new check will have to be issued.

Upon approval from Nez Perce Tribe, the check should be sent to AST Trust Company, as shown below:

**AST Mailing Address**

Attn: Cash Deposits  
AST Trust Company  
PO Box 52129  
Phoenix, AZ 85072-2129

**AST Overnight Mailing Address**

Attn: Cash Deposits  
AST Trust Company  
2800 N Central Ave, Suite 900  
Phoenix, AZ 85004

*Submit this form to the Nez Perce Tribe Human Resources Department.*

**FOR OFFICE USE ONLY: ADMINISTRATIVE APPROVAL**

Division: \_\_\_\_\_

Approved

Not Approved

Date Submitted to  
Randall & Hurley, Inc.: \_\_\_\_\_

Signature: \_\_\_\_\_

**Instructions:**

The administrator should (1) verify the former plan is a qualified plan by contacting the former benefits administrator, (2) approve this request and notify participant, and (3) forward a copy of this form and attachments to Randall & Hurley, Inc.

Print Name: \_\_\_\_\_

*Forward all rollover acceptance forms to Randall & Hurley, Inc. via fax at (509) 838-1388 or via mail to Randall & Hurley, Inc., 601 W. Riverside Ave., Suite 1600, Spokane, Washington, 99201.*

