

NEZ PERCE TRIBE EMPLOYEES' RETIREMENT PLAN ROLLOVER ACCEPTANCE FORM

Participant Information

Name: _____ SSN: _____

Mailing Address: _____

City, State, Zip Code: _____

Which divisions have you worked for? *Please check ALL divisions that have ever applied since you began employment with the Nez Perce Tribe.*

Nez Perce Tribe Clearwater River Casino Nez Perce Tribe Housing Authority Nimiipuu Health

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: Wilmington Trust Company fbo Nez Perce Tribe Employees' Retirement Plan, 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 Wilmington Trust Company, as shown below:

Wilmington Trust Mailing Address

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

Wilmington Trust Overnight Mailing Address

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

Where to Submit Completed Form

Nez Perce Tribe

Human Resources Department
PO Box 365
Lapwai, ID 83540

Clearwater River Casino

Human Resources Department
17500 Nez Perce Road
Lewiston, ID 83501

Nez Perce Tribal Housing Authority

Human Resources Department
PO Box 188
Lapwai, ID 83540

Nimiipuu Health

Human Resources Department
PO Box 367
Lapwai, ID 83540

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.

