

ROLLOVER CONTRIBUTION FORM

Social Security Number

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Plan Number:

40461

Plan Name: I/N Tek and I/N Kote 401(k) Savings Plan for Employees Represented by USWA Local 9231

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 |

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. 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 all or a portion of one of the following:

	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: monies 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: 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. Your personal check will not be accepted unless it is a cashier's or a certified check. 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%.)

Permissible Investment Option	Name	Investment Option Number	Whole Percentage
Fund Option 1:	Fidelity Managed Income Portfolio	0632	_____%
Fund Option 2:	Fidelity Intermediate Bond Fund	0032	_____%
Fund Option 3:	Fidelity Growth & Income Portfolio	0027	_____%
Fund Option 4:	Fidelity Utilities Fund	0311	_____%
Fund Option 5:	Spartan® U.S. Equity Index Fund	0650	_____%
Fund Option 6:	Fidelity Blue Chip Growth Fund	0312	_____%
Fund Option 7:	Fidelity Magellan® Fund	0021	_____%
Fund Option 8:	Fidelity Mid-Cap Stock Fund	0337	_____%
Fund Option 9:	Fidelity OTC Portfolio	0093	_____%
Fund Option 10:	Fidelity Small Cap Stock Fund	0340	_____%
Fund Option 11:	Fidelity Value Fund	0039	_____%
Fund Option 12:	Spartan® Extended Market Index Fund	0398	_____%
Fund Option 13:	Fidelity Diversified International Fund	0325	_____%
Fund Option 14:	Fidelity Asset Manager®	0314	_____%
Fund Option 15:	Fidelity Freedom Income Fund(SM)	0369	_____%
Fund Option 16:	Fidelity Freedom 2000 Fund(SM)	0370	_____%
Fund Option 17:	Fidelity Freedom 2010 Fund(SM)	0371	_____%
Fund Option 18:	Fidelity Freedom 2020 Fund(SM)	0372	_____%
Fund Option 19:	Fidelity Freedom 2030 Fund(SM)	0373	_____%
	Total		100%

Note: Your investment elections will not apply to plan assets received from a prior custodian/trustee until after all participant account information has been received and reconciled by Fidelity. The Fidelity Fund Number assigned to each fund is identified to the right of the fund name.

Signatures

I understand that I must satisfy the Plan's eligibility requirements before becoming a contributing 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 _____ **DATE** _____