

## Incoming Rollover Instructions

Plan Number: 12271

### Plan Name: Brand Share 401k Savings & Profit Sharing Plan

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 Brand Share 401k Savings & Profit Sharing 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 Brand Share 401k Savings & Profit Sharing 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 for 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 Brand Share 401k Savings & Profit Sharing Plan, you can log into Fidelity NetBenefits® at [www.401k.com](http://www.401k.com) to view your rollover contribution and investment election(s).

## ROLLOVER FORM

Social Security Number

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Plan Number:

12271

**Plan Name: Brand Share 401k Savings & Profit Sharing Plan**

**Participant 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 ( <b>Note: Existing monies within the current Employer's Plan will lose favorable tax treatment</b> )	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 ( <b>Note: Rollover monies will be subject to 401(k) rules for early distribution</b> )	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 ( <b>Note: earnings on After-Tax are considered a Pre-Tax Rollover and are included above</b> )	1K	\$
<b>Total Amount of Rollover (Verify this sum equals the amount of the checks)</b>				\$

**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.

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**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
1	Managed Income Portfolio	0632	
2	Fidelity U.S. Bond Index Fund	0651	
3	PIMCO Total Return Fund	OFAP	
4	Fidelity Capital & Income Fund	0038	
5	American Beacon Large Cap Value Fund Investor Class	OFA2	
6	Artisan Mid Cap Value Fund	OQSC	
7	Fidelity Value Fund	0039	
8	Spartan <sup>®</sup> U.S. Equity Index Fund	0650	
9	RS Partners Fund Class A	OQWY	
10	Fidelity Capital Appreciation Fund	0307	
11	Fidelity Export and Multinational Fund	0332	
12	Fidelity <i>Contrafund</i> <sup>®</sup>	0022	
13	Rainier Small/Mid Cap Equity Portfolio	OF2W	
14	Fidelity Small Cap Indep. Fund	0336	
15	Fidelity International Discovery Fund	0305	
16	Fidelity Freedom Income Fund <sup>®</sup>	0369	
17	Fidelity Freedom 2000 Fund <sup>®</sup>	0370	
18	Fidelity Freedom 2010 Fund <sup>®</sup>	0371	
19	Fidelity Freedom 2020 Fund <sup>®</sup>	0372	
20	Fidelity Freedom 2030 Fund <sup>®</sup>	0373	
21	Fidelity Freedom 2040 Fund <sup>®</sup>	0718	
22	Fidelity Freedom 2005 Fund <sup>®</sup>	1312	
23	Fidelity Freedom 2015 Fund <sup>®</sup>	1313	
24	Fidelity Freedom 2025 Fund <sup>®</sup>	1314	
25	Fidelity Freedom 2035 Fund <sup>®</sup>	1315	
26	Fidelity Freedom 2045 Fund <sup>®</sup>	1617	
27	Fidelity Freedom 2050 Fund <sup>®</sup>	1618	

<b>Total</b>	<b>100%</b>
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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.

**Participant Signature**

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** \_\_\_\_\_

***Employer Authorization***

*Only an authorized signer designated in the Plan's Service Agreement may sign below as the Plan Administrator.*

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

**PLAN ADMINISTRATOR**

**PRINT NAME\*** \_\_\_\_\_

**PLAN ADMINISTRATOR**

**SIGNATURE**(*must be an authorized signer*)\* \_\_\_\_\_ **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 |