APPLE
A Keenan Solution

Accumulation Program for Part-Time and Limited-service Employees

Rollover Contribution Request Form

A. To be completed by Participant in order to roll money into the APPLE Plan from another qualified plan

Employer:	
Participant Name:	
Address:	Social Security #:
City, State Zip:	Phone #: ( )
Amount of Distribution to be rolled over: $_____ or _____ %	
Participant Signature:	Date:

B. To be completed by Administrator of distributing plan

Prior Plan Name:

Date (or anticipated date) of the Distribution:

Total amount of the distribution including any tax withheld: $_____

Does the distribution include any amounts that are not eligible for rollover? ☐ YES ☐ NO

If so, provide the amount and describe: $_____

Is the distributing plan a qualified plan under Internal Revenue Code (IRC) section 401(a)? ☐ YES ☐ NO

Plan Administrator Signature:	Date:
Title:	Contact Number:

The distribution check should be made payable to:
AUL 3121 Trust
FBO: _____ **APPLE PLAN**
        (Employer Name)

FBO: Name of Employee
_____

C. The APPLE check should be mailed to:

MidAmerica Administrative Solutions
Attn: APPLE
402 South Kentucky Avenue, Suite 500
Lakeland, FL 33801