## **Tax-Sheltered Annuity Rollover Contribution**

Please be aware

a separate form is

required for each

transfer.

Enter the name of

your client's current

employer.

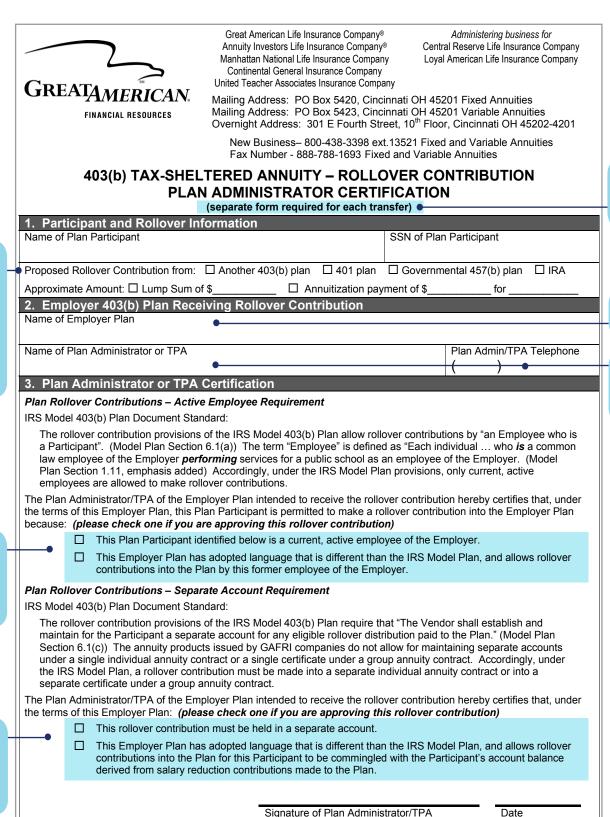
Enter the name

of the Third Party

Administrator, and

their phone number.

## Plan Administrator Certification



Indicate
the type of
account funds
are coming
from, and the
amount of
the one-time
payment or
the annuitized
amount.

One of these boxes must be checked, or the form will be considered Not In Good Order.

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