

**Incoming Direct Rollover  
401(k) Plan**

Do not complete the Investment Option Information portion of this form if you elected to have your account professionally managed by Empower Advisory Group, LLC ("EAG").

**NEW JERSEY COALITION OF AUTO RETAILERS PENSION PLAN**

**460671-01**

**Participant Information**

<table border="0" style="width: 100%;"> <tr> <td style="width: 33%; border-bottom: 1px solid black;">Last Name</td> <td style="width: 33%; border-bottom: 1px solid black;">First Name</td> <td style="width: 33%; border-bottom: 1px solid black;">MI</td> </tr> <tr> <td colspan="3" style="font-size: small;">(The name provided <i>MUST</i> match the name on file with Service Provider.)</td> </tr> <tr> <td colspan="3" style="border-bottom: 1px solid black;">Address - Number &amp; Street</td> </tr> <tr> <td style="border-bottom: 1px solid black;">City</td> <td style="border-bottom: 1px solid black;">State</td> <td style="border-bottom: 1px solid black;">Zip Code</td> </tr> <tr> <td style="border-bottom: 1px solid black;">(      )</td> <td style="border-bottom: 1px solid black;">(      )</td> <td></td> </tr> <tr> <td style="text-align: center;">Home Phone</td> <td style="text-align: center;">Work Phone</td> <td></td> </tr> </table>	Last Name	First Name	MI	(The name provided <i>MUST</i> match the name on file with Service Provider.)			Address - Number & Street			City	State	Zip Code	(      )	(      )		Home Phone	Work Phone		<table border="0" style="width: 100%;"> <tr> <td style="border-bottom: 1px solid black;">Social Security Number</td> </tr> <tr> <td style="border-bottom: 1px solid black;">E-Mail Address</td> </tr> <tr> <td> <table border="0" style="width: 100%;"> <tr> <td style="width: 15%;">Mo</td> <td style="width: 15%;">Day</td> <td style="width: 15%;">Year</td> <td style="width: 15%;"><input type="checkbox"/> Female</td> <td style="width: 15%;"><input type="checkbox"/> Male</td> </tr> <tr> <td colspan="3" style="border-bottom: 1px solid black;">Date of Birth</td> <td><input type="checkbox"/> Married</td> <td><input type="checkbox"/> Unmarried</td> </tr> </table> </td> </tr> </table>	Social Security Number	E-Mail Address	<table border="0" style="width: 100%;"> <tr> <td style="width: 15%;">Mo</td> <td style="width: 15%;">Day</td> <td style="width: 15%;">Year</td> <td style="width: 15%;"><input type="checkbox"/> Female</td> <td style="width: 15%;"><input type="checkbox"/> Male</td> </tr> <tr> <td colspan="3" style="border-bottom: 1px solid black;">Date of Birth</td> <td><input type="checkbox"/> Married</td> <td><input type="checkbox"/> Unmarried</td> </tr> </table>	Mo	Day	Year	<input type="checkbox"/> Female	<input type="checkbox"/> Male	Date of Birth			<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried
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**To be Completed by Human Resources**

<b>Division Name</b> _____	<b>Division Number</b> _____
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**Direct Rollover Information**

Current Plan Administrator must authorize by signing in the Required Signatures section.

I am choosing a:

- Direct Rollover, as allowed by your Plan, from a qualified:
  - 401(a) Plan
  - 401(k) Plan
  - Governmental 457(b) Plan
  - 403(b) Plan
- Direct Rollover from a Traditional IRA, as allowed by your Plan (Non-deductible contributions/basis may not be rolled over)

**Previous Provider Information:**

Company Name	Account Number
Mailing Address	
City/State/Zip Code	(      ) Phone Number

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
M.I.

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Number

**Required Documentation**

If you are rolling over from an IRA, please provide a copy of the most recent account statement. If you are rolling over from an employer sponsored retirement plan, please provide a copy of the most recent account statement showing the Internal Revenue Code ("Code") plan type and plan name.

**If you do not have this information on the statement, please have your Previous Plan Administrator complete the applicable fields below. Also provide the signature of the previous employer as Plan Administrator.**

The name of the distributing Plan is \_\_\_\_\_  
(hereinafter referred to as the "Plan"). The Plan Administrator of the Plan certifies to the best of their knowledge that:

(1) The Plan is designed or intended to be tax qualified under the Code and meets the requirements of a

- Qualified 401(a) or 401(k) plan
- 403(b) Plan
- 457(b) for governmental plans

(2) The amounts are eligible for rollover as described in Code section 402(c).

(3) Employer/employee before-tax contribution and earnings: \$ \_\_\_\_\_

(4) After-tax contributions: \_\_\_\_\_

After-tax cost basis: \$ \_\_\_\_\_

After-tax cost earnings: \$ \_\_\_\_\_

12/31/86 after-tax cost basis: \$ \_\_\_\_\_

Note: Unless otherwise indicated, all amounts received will be considered employee before-tax contributions and earnings.

(6) Signature of previous employer:

I am authorized to sign as Plan Administrator of the previous employer.

Signature of "Plan Administrator" \_\_\_\_\_

Printed Name of "Plan Administrator" \_\_\_\_\_

Title \_\_\_\_\_

Company Name \_\_\_\_\_ Date \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Last Name

First Name

M.I.

Social Security Number

Number

**Amount of Direct Rollover:** \$ \_\_\_\_\_ (Enter approximate amount if exact amount is not known.)

**Investment Option Information** - Please refer to your communication materials for investment option designations.

I understand that funds may impose redemption fees on certain transfers, redemptions or exchanges if assets are held less than the period stated in the fund's prospectus or other disclosure documents. I will refer to the fund's prospectus and/or disclosure documents for more information.

Do not complete the Investment Option Information portion of this form if you elected to have your account professionally managed by Empower Advisory Group, LLC ("EAG").

Select either existing ongoing allocations (A) or your own investment options (B).

**(A) Existing Ongoing Allocations**

I wish to allocate this rollover the same as my existing ongoing allocations.

**(B) Select Your Own Investment Options**

**Please Note: For automatic dollar-cost averaging, call Client Service Department or access our Web site.**

INVESTMENT OPTION				INVESTMENT OPTION			
NAME	TICKER	CODE	%	NAME	TICKER	CODE	%
SSgA Target Retirement Income NL Fund M...	N/A	SINNLM	_____	SSgA Real Asset Fund Class C.....	N/A	SREASC	_____
SSgA Target Retirement 2020 NL Fund M.....	N/A	S20NLM	_____	Principal SmallCap Growth I R6.....	PCSMX	PCSMX	_____
SSgA Target Retirement 2025 NL Fund M.....	N/A	S25NLM	_____	State St Russell Sm Cap Indx NL CI K.....	N/A	SSCNLK	_____
SSgA Target Retirement 2030 NL Fund M.....	N/A	S30NLM	_____	Allspring Special Small Cap Value R6.....	ESPRX	ESPRX	_____
SSgA Target Retirement 2035 NL Fund M.....	N/A	S35NLM	_____	MassMutual Mid Cap Growth I.....	MEFZX	MEFZX	_____
SSgA Target Retirement 2040 NL Fund M.....	N/A	S40NLM	_____	MFS Mid Cap Value Fund CT.....	N/A	MMCVCT	_____
SSgA Target Retirement 2045 NL Fund M.....	N/A	S45NLM	_____	State St S&P MidCap Indx NL CI M.....	N/A	SSMCNM	_____
SSgA Target Retirement 2050 NL Fund M.....	N/A	S50NLM	_____	State Street S&P 500 Index K.....	N/A	SSPSIK	_____
SSgA Target Retirement 2055 NL Fund M.....	N/A	S55NLM	_____	Drive Balanced Fund.....	N/A	DRVBAL	_____
SSgA Target Retirement 2060 NL Fund M.....	N/A	S60NLM	_____	Metropolitan West Total Return Bond Plan.....	MWTSX	MWTSX	_____
SSgA Target Retirement 2065 NL Fund M.....	N/A	STRNFM	_____	State Street US Bond Index Non-Lending K....	N/A	SSBNLK	_____
American Funds EuroPacific Gr R6.....	RERGX	RERGX	_____	Drive Income Fund.....	N/A	DRVINC	_____
SSgA Global All Cap Equity ex-US Index K....	N/A	SGACEK	_____	<b>MUST INDICATE WHOLE PERCENTAGES</b>			<b>= 100%</b>
Victory Trivalent International Sm-Cp I.....	MISIX	MISIX	_____				

**Participation Agreement**

**Empower Advisory Group, LLC** - If I have elected to have my account professionally managed by Empower Advisory Group, LLC and this form is submitted, my election to have my account professionally managed will override the investment allocation requested on this form until such time as I revoke or amend my election to have my account professionally managed.

**General Information** - I understand that only certain types of distributions are eligible for rollover treatment and that it is solely my responsibility to ensure such eligibility. By signing below, I affirm that the funds I am rolling are in fact eligible for such treatment. I authorize these funds to be transferred into my employer's Plan and to be invested according to the information specified in the Investment Option Information section. I understand and agree that this account is subject to the terms of the Plan Document.

If the investment option information is missing or incomplete, I authorize Service Provider to allocate the direct rollover assets ("assets") the same as my ongoing contributions (if I have an account established) or to the default investment option selected by my Plan (if I do not have an investment election on file). If no default investment option is selected by my Plan, the funds will be returned to the payor as required by law. If additional assets from the same provider are received more than 180 calendar days after Service Provider receives this Incoming Direct Rollover form (this "form"), I authorize Service Provider to allocate all monies received the same as my ongoing allocation election on file with Service Provider. I understand I must call the Voice Response System at 1-844-401-6232 or access Web site at www.NADA401k.com in order to make changes or transfer monies from the default investment option. If my initial rollover assets are received more than 1 year after Service Provider receives and approves this Incoming Direct Rollover form, I understand Service Provider will require the submission of a new form for approval. I understand that this completed form must be received by Service Provider at the address provided on this form.

I understand that the current Custodian/Provider may require that I furnish additional information before processing the transaction requested on this form, and Service Provider is not responsible for determining the status of any transaction that I have requested. It is entirely my responsibility to provide the current Custodian/Provider with any information that they may require, and/or to notify Service Provider of any information that the current Custodian/Provider may wish to obtain in order to effect the transaction.

**Withdrawal Restrictions** - I understand that the Internal Revenue Code and/or my employer's Plan Document may impose restrictions on direct rollovers and/or distributions. I understand that I must contact the Plan Administrator, if applicable, to determine when and/or under what circumstances I am eligible to receive distributions or make direct rollovers.

**Investment Options** - I understand and acknowledge that all payments and account values, when based on the experience of the investment options, may not be guaranteed and may fluctuate, and, upon redemption, shares may be worth more or less than their original cost. I acknowledge that investment option information, including prospectuses, disclosure documents and Fund Profile sheets, have been made available to me and I understand the risks of investing.

**Account Corrections** - I understand that it is my obligation to review all confirmations and quarterly statements for discrepancies or errors. Corrections will be made only for errors which I communicate within 90 calendar days of the last calendar quarter. After this 90 days, account information shall be deemed accurate and acceptable to me. If I notify Service Provider of an error after this 90 days the correction will only be processed from the date of notification forward and not on a retroactive basis.

Last Name

First Name

M.I.

Social Security Number

Number

**Payment Instructions**

**Make check payable to:**  
Empower Trust Company, LLC

**Include the following information on the check:**  
Participant Name, Social Security Number,  
Plan Number, Plan Name

**Wire instructions:**

**Account of:** Empower Trust Company, LLC (FBO NADA)

**Bank:** PNC Bank

**Account no:** 1029024553

**Routing transit no:** 043000096

**Attention:** Financial Control

**Reference:** Participant Name, Social Security Number,  
Plan Number, Plan Name

**Regular mail address for the  
check and form (if mailed together):**  
Empower Trust Company, LLC  
P.O. Box 826688  
Philadelphia, PA 19182-6688

**Overnight mail address for the  
check and form (if mailed together):**  
PNC Bank  
525 Fellowship Rd Suite 330  
Lockbox # 826688  
Mt Laurel, NJ 08054-3415  
**Contact:** Empower  
**Phone#:** 1-844-401-6232

**If sending the "form" only,** please follow mailing instructions above. **Funds received will not be invested unless accompanied by a completed Incoming Direct Rollover form. Funds will be invested on the day that both a completed Incoming Direct Rollover form and funds are received prior to market close.** We will not accept hand delivered forms at Express Mail addresses.

**Required Signatures** - My signature indicates that I have read, understand the effect of my election and agree to all pages of this Incoming Direct Rollover form, including the Participant Acknowledgements. I affirm that all information provided is true and correct.

**Participant Signature****Date**

*A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.*

I acknowledge and agree that the Plan Administrator for the Previous Employer's plan is released from and the Plan Administrator for the Current Employer's Plan shall assume all obligations associated with any amounts transferred under this Incoming Direct Rollover form.

**Participant** forward to Plan Administrator

**Plan Administrator** forward as shown above in the Payment Instructions section

**Authorized Plan Administrator Signature****Date**

*A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.*

**For Current Employer's Plan**

**Print Full Name**

**Securities, when presented, are offered and/or distributed by Empower Financial Services, Inc., Member FINRA/SIPC.** EFSI is an affiliate of Empower Retirement, LLC; Empower Funds, Inc.; and registered investment adviser Empower Advisory Group, LLC. This material is for informational purposes only and is not intended to provide investment, legal or tax recommendations or advice.