



# Incoming Direct Rollover Election

**PDS 401(K) PLAN FOR AVIATION EMPLOYEES**

**169137-01**

## Participant Information

Last Name			First Name			MI			Social Security Number								
Address - Number & Street												E-Mail Address					
City				State		Zip Code				Mo		Day		Year			
( )												Date of Birth					
Daytime Phone																	

## Direct Rollover Information

Current Plan Administrator must authorize by signing in the Required Signatures section.  
 Previous Plan Administrator must sign this form if Designated Roth Account is being directly rolled over.  
 I am choosing a:

- Direct rollover from a:
  - Qualified 401(a) plan (Profit Sharing, ESOP or Money Purchase)
  - Qualified 401(k) plan
    - Non-Roth: \$\_\_\_\_\_ (all contributions and earnings, excluding Roth contributions and earnings)
    - Roth: \$\_\_\_\_\_ (employee contributions and earnings)
  - 403(b) plan
    - Non-Roth: \$\_\_\_\_\_ (all contributions and earnings, excluding Roth contributions and earnings)
    - Roth: \$\_\_\_\_\_ (employee contributions and earnings)
  - Governmental 457(b) plan

## Previous Provider Information:

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

## Previous provider must complete:

Employer/employee before-tax contributions and earnings: \$\_\_\_\_\_

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

Previous Plan Administrator must provide the following information for Designated Roth Account Rollovers:

Roth first contribution date: \_\_\_\_\_

Roth contributions (no earnings): \$\_\_\_\_\_ Roth earnings: \$\_\_\_\_\_

Previous Plan Authorized Plan Administrator/Trustee Signature						Date					
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**Amount of Direct Rollover:** \$\_\_\_\_\_ (Enter approximate amount if exact amount is not known.)



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**Investment Option Information** - Please refer to your marketing 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.

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, access our Web site after funds have been received.**

INVESTMENT OPTION				INVESTMENT OPTION			
NAME	TICKER	CODE	%	NAME	TICKER	CODE	%
J P Morgan SmartRetirement Income Instl	JSIIX	JSIIX	___	Oppenheimer Developing Markets Y	ODVYX	ODVYX	___
J P Morgan SmartRetirement 2010 Instl	JSWIX	JSWIX	___	Columbia Seligman Comms & Info R5	SCMIX	SCMIX	___
J P Morgan SmartRetirement 2015 Instl	JSFIX	JSFIX	___	Oppenheimer Gold & Special Minerals A	OPGSX	OPGSX	___
J P Morgan SmartRetirement 2020 Instl	JTTIX	JTTIX	___	Wells Fargo Adv Small Cap Value A	SMVAX	SMVAX	___
J P Morgan Smart Retirement 2025 Inst	JNSIX	JNSIX	___	Goldman Sachs Growth Opportunities I	GGOIX	GGOIX	___
J P Morgan Smart Retirement 2030 Instl	JSMIX	JSMIX	___	RidgeWorth Mid-Cap Value Equity I	SMVTX	SU-MVL	___
J P Morgan SmartRetirement 2035 Instl	SRJIX	SRJIX	___	Franklin Growth Adv	FCGAX	FCGAX	___
J P Morgan SmartRetirement 2040 Instl	SMTIX	SMTIX	___	J P Morgan US Equity Instl	JMUEX	JMUEX	___
J P Morgan SmartRetirement 2045 Instl	JSAIX	JSAIX	___	Putnam Equity Income Y	PEIYX	PEIYX	___
J P Morgan SmartRetirement 2050 Instl	JTSIX	JTSIX	___	Vanguard 500 Index Signal	VIFSX	VIFSX	___
American Funds EuroPacific Gr R5	RERFX	RERFX	___	BlackRock Global Allocation Instl	MALOX	MALOX	___
American Funds New Perspective R5	RNPFX	RNPFX	___	J P Morgan Government Bond Select	HLGAX	HLGAX	___
BlackRock Latin America Instl	MALTX	MALTX	___	J P Morgan High Yield R5	JYHRX	JYHRX	___
BlackRock Pacific Instl	MAPCX	MAPCX	___	PIMCO Total Return Instl	PTRRX	PTRRX	___
Lazard Emerging Markets Equity Instl	LZEMX	LZEMX	___	JPMCB Stable Asset Income F15	N/A	JPMF15	___
Mutual European Z	MEURX	MEURX	___	<b>MUST INDICATE WHOLE PERCENTAGES</b>			<b>= 100%</b>

**Participant Acknowledgements**

**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 over are in fact eligible for such treatment.

I authorize these funds to be rolled over into my employer's Plan and to be invested according to the information specified in the Investment Option Information section.

If the investment option information is missing or incomplete, I authorize Service Center 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 account established). If no default investment option is selected, the funds will be returned to the payor as required by law. If my assets are received more than 180 calendar days after Service Center receives this Incoming Direct Rollover Election form (this "form"), I authorize Service Center to allocate all monies received the same as my ongoing allocation election on file with Service Center. I understand I must call 1-855-576-7526 or access the Web site in order to make changes or transfer monies from the default investment option. The funds will be invested on the day this completed form and the funds are received, so long as they were received prior to the close of the New York Stock Exchange. If this form and the funds are received after close of the New York Stock Exchange, I understand that my request will be processed on the next business day. I understand that this completed form must be received by Service Center at the address below.

I understand that the current Custodian/Provider may require that I furnish additional information before processing the transaction requested on this form, and Service Center 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 Center of any information that the current Custodian/Provider may wish to obtain in order to effect the transaction.

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**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 that by signing and submitting this form for processing, I am requesting to have investment options established under the Plan as specified on the first page of this form. I understand and agree that this account is subject to the terms of the Plan Document. 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 Center 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.

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## Payment Instructions

**Make check payable to:**  
J.P. Morgan

**Regular mail address for the check and form (if mailed together):**  
J.P. Morgan  
PO Box 561432  
Denver, CO 80256

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

**Wire instructions:**  
**Account of:** J.P. Morgan  
**Bank:** US Bank  
**Account no:** 103690281532  
**Routing transit no:** 102000021  
**Attention:** Financial Control  
**Reference:** Participant Name, Social Security Number,  
Plan Number, Plan Name

**Overnight mail address for the check and form (if mailed together):**  
US Bank  
Lockbox # 561432  
10035 East 40th Avenue Suite 100  
Denver, CO 80238  
Contact: Retirement Service Center  
Phone: 1-855-576-7526

**If sending the "form" only**, please fax to 1-866-745-5766 or follow mailing instructions above. Please remember that this form needs to arrive prior to or at the same time the funds arrive to invest according to the allocations on this form.

# Incoming Direct Rollover Election

_____	_____	_____	_____
Last Name	First Name	MI	Social Security Number

**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 Election form. I affirm that all information provided is true and correct. I understand that Service Center is required to comply with the regulations and requirements of the Office of Foreign Assets Control, Department of the Treasury ("OFAC"). As a result, Service Center cannot conduct business with persons in a blocked country or any person designated by OFAC as a specially designated national or blocked person. For more information, please access the OFAC Web site at: <http://www.treasury.gov/about/organizational-structure/offices/Pages/Office-of-Foreign-Assets-Control.aspx>.

_____	_____
<b>Participant Signature</b>	<b>Date</b>

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 under this Incoming Direct Rollover Election form.

_____	_____
<b>Authorized Plan Administrator Signature For Current Employer's Plan</b>	<b>Date</b>

**Participant** forward to Plan Administrator/Trustee  
**Plan Administrator** forward or fax as shown above  
in the Payment Instructions section

*For more complete information about any of the investment options available within the retirement plan, please call 1-855-JPM-PLAN. Investors should carefully consider the investment objectives, risks, charges and expenses of these options. Please carefully read the prospectus, which contains this and other important information, before you invest or send money.*

Investment return and principal value of security investments will fluctuate. The value at the time of redemption may be more or less than original cost. Past performance is no guarantee of future results.

Certain recordkeeping and administrative services for plans may be provided on behalf of J.P. Morgan Retirement Plan Services LLC (J.P. Morgan) by FASCore, LLC (FASCore). Securities transactions are effected by an affiliate of FASCore: GWFS Equities, Inc. (GWFS), a registered broker-dealer and member of FINRA. For transactions involving units of collective investment trusts GWFS is also a member of SIPC. GWFS and FASCore are independent entities and are not affiliated with J.P. Morgan. If retirement brokerage services are available in the Plan, those services are offered by Charles Schwab & Co, Inc. (Schwab). Schwab receives fees for providing these services and is not affiliated with J.P. Morgan, FASCore or GWFS.