

AMERICAN BENEFIT RESOURCES, INC.

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# INSTRUCTIONS TO PRIOR TRUSTEE FOR ROLLOVER OF PARTICIPANT DISTRIBUTION

PARTICIPANT NAME: \_\_\_\_\_ SS# \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

These Instructions acknowledge that the Trustee of the (name of new plan)  
\_\_\_\_\_ is prepared to accept a direct  
Trustee-to-Trustee rollover of any distributions eligible for rollover treatment due to the  
individual named above from any tax qualified retirement plan.

Funds may be transferred by check only. Please make checks payable to

Name of New Plan \_\_\_\_\_

" fbo [PARTICIPANT'S NAME]"

and mail such check to:

Trustee (or Employer): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_