

Savings Banks Employees Retirement Association

MONEY PURCHASE PLAN

ROLLOVER ENROLLMENT APPLICATION FOR NON-ELIGIBLE PARTICIPANTS

The Employee named below is **not yet eligible for membership** in the Savings Banks Employees Retirement Association (SBERA) Money Purchase Plan sponsored by the bank indicated below, but wishes to rollover money from a prior qualified plan.

Section 1 Employer Information

SBERA Bank Name:		SBERA Bank Plan No.:
Employee Name:		SBERA Certificate No.:
Is the rollover coming from another SBERA Bank?		
<input type="checkbox"/> No		
<input type="checkbox"/> Yes – Complete the following and submit with withdrawal form from previous employer. Certificate No: _____		
Name of SBERA Employer:		Exact Dates of Employment:
_____		From _____ To _____

Section 2 Employee Information

Date of Birth: (Mo., Day, Yr.)	Date of Hire: (Mo., Day, Yr.)	Current Age:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number: ____ - ____ - ____
Address (Street, City, State, Zip Code):				
Marital Status:				
<input type="checkbox"/> Single				
<input type="checkbox"/> Married – Spouse’s Name: _____ Date of Birth: _____				
Spouse’s Social Security No.: _____ - _____ - _____				

Indicate how you would like to invest your rollover money. These percentages will be used to invest all contributions received by SBERA unless the participant changes their investment direction via the Voice Access System or sbera.com Web Site. The percentage indicated must be in whole percentages in 1% increments and total 100%. If the percentages indicated do not equal 100%, the difference will be allocated to the Plan Default Fund (Money Market). The Participant is responsible for transferring any balances out of the Money Market Fund and changing future contribution instructions.

_____ % Money Market Account	_____ % Employer Stock (if applicable)
_____ % Equity Account	_____ % Small Cap Growth Account
_____ % Bond Account	_____ % International Equity Account
_____ % Asset Allocation Account	_____ % Large Cap Value Account
_____ % Vanguard Index 500 Account	_____ % Mid-Large Cap Value Account
_____ % Fidelity Enhanced Index Account	_____ % Small Cap Value Account

Participant’s Signature:	Date:
Human Resources Representative’s Signature _____	Date: _____
HR: This form is for non-SBERA rollovers (only). Please attach a completed copy of the ‘Plan Rollover Application’ form (MP-16), a check payable to SBERA and a completed yellow deposit card.	
SBERA Use only Date Rec’d _____	Date Entered: _____ By: _____