

ROLLOVER VALET™ REQUEST

Complete this form if you would like assistance consolidating other retirement accounts into your new retirement account. If you have not done so already, complete an Enrollment Forms Kit (containing the Enrollment Form, Beneficiary Designation Form, and the Schwab LPOA) to setup your account and Investor Profile.

Your Full Name: _____ Retirement Plan Name: _____

Daytime Phone Number: _____ Email Address: _____

I prefer to be contacted by (select one): Phone Email

INSTRUCTIONS:

You do NOT need to return this form to your employer. Return this form directly to Wellington with a recent statement attached for the retirement account(s) you wish to transfer to your new retirement account.

Fax: (703) 802-2317

Email: rollovers@wellington401k.com

A Wellington representative will attempt to determine the rollover process for the account(s) and contact you with additional instructions on how to transfer the account(s).

GENERAL INSTRUCTIONS

ROLLOVER FUNDS FROM RETIREMENT ACCOUNTS AT PREVIOUS EMPLOYERS (ex. 401k account)

STEP 1: Contact your previous employer and inform them that you wish to rollover your retirement account to the 401(k) plan of a new employer.

STEP 2: Determine if they need a form to be completed to begin the rollover process or if they can complete the rollover with instructions provided over the phone.

STEP 3: Provide them with the information below regarding how the check should be made payable and where the check should be mailed to.

ROLLOVER FUNDS FROM IRA ACCOUNTS

STEP 1: Contact the customer service department of your rollover IRA custodian (bank, mutual fund company, insurance company, brokerage firm, credit union, etc.).

STEP 2: Determine if they need a form to be completed to begin the rollover process or if they can complete the rollover with instructions provided over the phone.

STEP 3: Provide them with the information below regarding how the check should be made payable and where the check should be mailed to.

MAKE CHECK PAYABLE TO:

“Charles Schwab FBO [Your Full Name]”

If possible, the memo line should include the name of your company's retirement plan and your Social Security Number.

MAIL CHECK TO:

Wellington Financial Group, Inc.
Attn: Rollover Contribution
14325 Willard Road, Suite 104
Chantilly, VA 20151