

Profit Sharing Plan

Direct Rollover Instructions

The information below provides instructions for rolling balances from prior employers' retirement accounts or Individual Retirement Accounts (IRAs) into the above-named program.

1	USI Consulting Group (USICG) is providing you with these instructions and the attached Rollover Certification form to help facilitate your rollover into your current employer's retirement plan from your prior retirement plan or IRA service provider.
2	Please contact your prior service provider and ask if they require that your rollover request be submitted by form or on-line. If by form, have them send you the necessary paperwork, fill it out completely and follow their instructions to submit the request for a rollover. If your rollover distribution is required to be done on-line, ask them for the instructions to complete the request and then submit it.
3	<p>When completing your rollover form or processing your distribution request on-line, please instruct your prior service provider to <u>mail the rollover check to you, made payable as follows:</u></p> <p style="text-align: center;">Charles Schwab Trust Bank <i>Custodian for the Profit-Sharing Plan - #107883</i> f/b/o [Your Name and Last 4 digits of SSN]</p> <p>Please be sure the plan name is included on the check, either as part of the payable line or in the reference field.</p>
4	<p>When you receive your rollover check from your prior service provider, please complete the Rollover Certification form attached to this instruction sheet. Make copies of the check and Rollover Certification form for your records, then submit the check and the form to your current employer by delivering in person or sending to the address on the bottom of the Rollover Certification form so that your rollover may be processed.</p> <p>NOTE: Part 2 of the Rollover Certification form requires you to provide documentation of the source of your rollover, such as a copy of a form 1099R, distribution statement, plan statement or letter from your prior plan. You must include such documentation with your check and form.</p>
5	Please call the Touchstone Investments Service Team at (866) 305-8846 and enter Plan Code 657 if you need additional assistance. We are available Monday through Friday from 8:00 am to 5:00 pm EST.

**** To prevent any delays in processing, please PRINT clearly and be sure your forms are complete ****



Profit Sharing Plan Rollover Certification

Complete this form if you wish to have a prior employer plan account balance directly rolled into the Profit-Sharing Plan. If you do not currently have an account established under the Profit-Sharing Plan, you must submit a completed Account Application along with this Rollover Certification form.

1. PARTICIPANT INFORMATION <i>(Please complete all sections and PRINT clearly)</i>			
Participant Name			Social Security Number
Street Address		Daytime Phone	Date of Birth
City	State	Zip Code	Date of Hire

2. EMPLOYER INFORMATION			
Employer Name			Employer Contact Name
Street Address			Contact Phone
City	State	Zip Code	For Internal Use

3. ROLLOVER ELECTION

I elect to roll \$_____ into the Profit-Sharing Plan (the "Program"). Attached is a check for this amount.

I understand that:

- (1) The Program is not legally required to accept a rollover.
- (2) If the Program accepts my rollover, once deposited with the Program, the rollover amount is subject to the rules of the Program concerning rollover contributions.
- (3) The amount I roll over may be subject to different tax treatment when it is ultimately distributed from the Program.

The rules regarding taxation of distributions from your rollover account are complex and vary according to your individual circumstances. You should consult with a tax advisor to determine the tax implications of your rollover.

I hereby request that the funds from my prior plan or IRA be accepted by the Custodian of the Program on my behalf, as a rollover contribution as that term is defined in the Program. I have attached either a Form 1099-R, a distribution statement, my last participant statement, or a letter from the prior plan or program in support of my request.

4. INVESTMENT ELECTIONS – In what fund(s) would you like to invest?
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I hereby direct the Custodian of the Program to invest my rollover contributions in accordance with my current investment elections. If I do not have current investment elections in effect, or I wish to invest my rollover in a different manner, I hereby direct the Custodian to invest my rollover contributions in the following manner:

INVESTMENT OPTION	PERCENTAGE	INVESTMENT OPTION	PERCENTAGE
Touchstone Active Bond Fund Class A	%	Touchstone Small Company Fund Class A	%
Touchstone Balanced Fund Class A	%	Touchstone Global ESG Equity Fund Class A	%
Touchstone Flexible Income Fund Class A	%	Touchstone Ultra Short Duration Fixed Income Fund Class A	%
Touchstone International Equity Fund Class A	%	Federated Government Obligations Fund SS	%
Touchstone Credit Opportunities Fund Class A	%	Touchstone Strategic Income Opportunities Class A	%
Touchstone Dividend Equity Fund Class A	%	Touchstone Sands Select Growth Fund Class A	%
Touchstone Large Cap Focused Fund Class A	%	Touchstone Value Fund Class A	%
		TOTAL	100%

5. EMPLOYEE AUTHORIZATION

I understand that once rolled over into the Profit Sharing Plan, my Account is subject to the terms of the Plan document. I further understand that it will be invested in accordance with my investment elections or as designated above and that I may change my investment elections at any time in accordance Program procedures.

I hereby certify that the information contained herein is true, accurate and complete to the best of my knowledge and belief.

Signature of Employee

Date

6. USICG OFFICE USE ONLY

USICG Authorization

Date

Send completed form to:

USI Consulting Group
Attn: Touchstone Investments Service Team
95 Glastonbury Blvd, Suite 102
Glastonbury, CT 06033
Phone: (866) 305-8846, Plan Code 656