



DIRECT ROLLOVER AUTHORIZATION FORM

INFORMATION ABOUT YOUR JMS LLC ACCOUNT NOT APPLICABLE TO ROTH or SIMPLE IRAs

JMS LLC CUST. FBO: [ ] IRA [ ] SEP-IRA/ SARSEP [ ] Qualified Plan
SSN: JMS Acct. #:

INFORMATION ABOUT THE PLAN YOU ARE ROLLING OVER PLEASE ATTACH A COPY OF A RECENT STATEMENT.

Account Title:
Type of Plan being rolled over: [ ] Qualified Plan [ ] 403B [ ] 457 [ ] IRA\* [ ] Other
Name and Address of Current Custodian/Trustee:
Clearing Firm (if applicable): Clearing #:

\* IRAs to Qualified Plans: This type of rollover must be permitted by the Plan. The Employer/Trustee must authorize the rollover ("Employer's Signature" below). A letter signed by the Employer/Trustee must be attached to this form certifying that the plan will maintain separate accounting of the IRA funds within the plan.

AFFIRMATIVE ELECTION

[ ] DIRECT ROLLOVER by: [ ] Plan Participant; [ ] Surviving Spouse of Plan Participant;
[ ] Spouse or Former Spouse Alternate Payee under a Qualified Domestic Relations Order (QDRO)
[ ] Employer (pursuant to Automatic Direct Rollover Requirement under § 401(a)(31)(B)). Please contact IRA Department for additional required paperwork.

- 1. I hereby elect to have my benefit under my Employer's Plan be paid in a Direct Rollover to: JANNEY MONTGOMERY SCOTT LLC, CUSTODIAN FBO:
2. This election shall apply to: a. 100% of my vested balance. b. % of my vested balance. c. \$ d. Other (specify):
3. FORM OF DIRECT ROLLOVER: [ ] In Cash \$ [ ] In Kind (specify):

DELIVERY INSTRUCTIONS

Transfer all DTC eligible securities through DTC (#374)

Mail check to: Janney Montgomery Scott LLC, 1801 Market Street, Philadelphia, PA 19103, Attn: ACAT/Transfer
Phone: ACATS (215) 665-6648 Non-ACATS (215) 665-6534 Fax: (215) 569-4875

AUTHORIZED SIGNATURES

I certify I have received and read the employer's Notice to Recipients of Qualified Plan Distributions and understand that I have at least 30 days to choose between direct rollover or payment. I understand that if I elect to receive multiple payments, this election shall apply to all future payments unless I file a new Direct Rollover/Affirmative Election Form with the employer. I authorize and direct the employer to make distribution from the employer's plan as indicated above.

Signature: X Date:
(Participant, Surviving Spouse, Alternate Payee)

Employer's Signature: X Date:

ACCEPTING ORGANIZATION: Janney Montgomery Scott LLC EIN#: 23-2211143

Our organization agrees to serve as the new Custodian for the account of the above-named individual, and as Custodian, we agree to accept the assets being rolled over.

Authorized Signature for Accepting Organization: X Date: