

Rollover Contribution Form

Lee Mechanical Contractors, Inc. 401(k) Salary Reduction Plan & Trust

661731

Employee Full Name (please print)	
Social Security Number	Daytime Phone Number

As a participant or eligible employee you may make a Rollover contribution from the following types of plans to this Plan. If you are not sure of the plan type, contact your former employer or financial institution. A rollover from an invalid plan type or contribution could nullify your rollover and subject you to penalties and taxes.

Rollover From: Check the appropriate box below. (If rollovers are coming from different institutions, a separate form must be completed for each.)

- Qualified Retirement Plan*** (Example: 401(k), Profit Sharing, Pension or Stock Bonus Plan.)
- Individual Retirement Account (IRA)** (Example: Conduit IRA, regular IRA, SEP or SIMPLE IRA if you participated in the SIMPLE IRA for at least 2 years.) Non-deductible contributions made to a regular IRA and inherited non-spousal IRAs cannot be rolled over.
- 403(b) Plan*** (Tax deferred annuity maintained under Internal Revenue Code Section 403(b) Plan.)
- 457 Plan*** (Eligible plan under Internal Revenue Code Section 457 maintained by a governmental entity.)
- Roth 401(k) or Roth 403(b) Account** (If allowed under the Plan) A statement from the distributing plan must be attached or provided with the check indicating the Roth contribution basis and the date of the first Roth Deferral contribution. If this is not provided, there will be a delay in the processing of your rollover contribution.

* After-tax contributions cannot be rolled over to this plan.

Estimated Rollover Amount: _____ **Distributing Institution Name:** _____

Note: It takes two forms to complete a rollover. This form alone will not result in the rollover occurring. This form is used by your current employer to document the nature of your rollover. In addition, you must request and complete the appropriate withdrawal form from your previous employer or institution currently holding your investments.

Transfer

Instructions: Inform your previous employer or institution to transfer your rollover via:

- Check** Make check payable and send form to:
Alerus Financial, N.A.
FBO: Lee Mechanical Contractors, Inc. 401(k)
Salary Reduction Plan & Trust— Participant Name
Attention: Trust Operations
P.O. Box 64535
St. Paul, MN 55164
- Wire** Wire assets and fax form to:
Alerus Financial, N.A., Grand Forks, ND
ABA #091300159
BNF: Alerus Financial, N.A. A/C #5009-9272
Further Credit: Lee Mechanical Contractors, Inc. 401(k)
Salary Reduction Plan & Trust— Participant Name
Fax Number: (651) 639-5511

(Overnight Mail: Trust Operations, Two Pine Tree Drive, Suite 400, Arden Hills, MN 55112)

I direct Alerus Financial to deposit this rollover contribution into this Plan and I understand that it will be subject to the rules of this Plan. I certify this to be an eligible rollover contribution and that it does not include after-tax or non-deductible IRA contributions.

Employee Signature _____ **Date** _____

Reminder: Did you?

- ♦ Obtain and complete the withdrawal form from your previous employer or institution. Instruct them to mail the rollover check to Alerus.
- ♦ Obtain your current employer's signature on this form (below).
- ♦ Mail to Alerus, a copy of this form and a copy of your most recent statement from the plan or institution transferring your rollover money.
- ♦ If wiring, fax a copy of this form and a copy of your most recent statement to Alerus at (651) 639-5511.

Note: This deposit will be invested in accordance with your current investment election. In the absence of an election, it will be invested in the plans default investment alternative. If you have not previously completed the forms necessary to invest contributions in this Plan, contact your employer.

As an authorized signer for this Plan, I acknowledge that the plan permits rollover contributions, and based on the participant's statement above, I approve this as an eligible rollover contribution to be deposited into this Plan.

Employer Signature _____ **Date** _____

Original – Current Employer

Copy – Alerus Financial, N.A.