

1. Participant Information

Name	Social Security Number
Mailing Address	Date of Birth (mm/dd/yyyy)
Location of Employment	Date of Hire (mm/dd/yyyy)

2. Investment Directions

Use my current investment elections

Invest this rollover / transfer as follows (the total must equal 100%)

Amount/Percent	Name of Fund
_____	BlackRock Money Market
_____	BlackRock Core Bond Total Return
_____	BlackRock Government Income
_____	BlackRock Index Equity
_____	BlackRock Large Cap Value Equity
_____	BlackRock Mid Cap Growth Equity
_____	BlackRock US Opportunities
_____	BlackRock International Opportunities
_____	American Funds Inv., Co. Amer A
_____	American Funds New Perspective
_____	Oppenheimer Quest Balanced
_____	Fidelity Advisor New Insights T
_____	Solomon Brothers Capital A
_____	American Funds Growth A
_____	T Rowe Price Growth Stock
_____	Oppenheimer Main Street Small Cap
_____	Baron Asset Fund
_____	TOTAL

3. Source of Rollover / Transfer Contribution

I hereby request approval for a rollover / transfer of cash in the amount of \$_____.

Please indicate below the source of this rollover / transfer contribution (appropriate box must be checked):

Qualified 401(a) Plan 457 Plan 403(b) Plan IRA (Nondeductible and Roth IRA's are not eligible)

After-tax balance (If applicable, you must indicate after tax basis and interest portions of this rollover amount below)

After-tax basis amount: \$_____ After-tax interest amount: \$_____

Please indicate below if (one box must be checked):

This transfer is from a plan related to the **ESS Retirement Savings Plan** sponsored by Employer Support Services, Inc..

This rollover is from a prior employer's plan.

4. Your Approval

I hereby certify that the entire amount of assets to be rolled over or transferred to **ESS Retirement Savings Plan** are the proceeds of a distributions from a source allowable for rollover treatment under the terms of the plan and the Internal Revenue Code.

Employee Signature

Date

Make check payable to: Wachovia Bank N.A. FBO ESS Retirement Savings Plan

5. Plan Sponsor Approval

I hereby certify that I am an authorized representative of **ESS Retirement Savings Plan** and by this signature I confirm that the rollover / transfer identified on this form consists of money from a source qualified for rollover / transfer treatment under the terms of the plan and Internal Revenue Code. I confirm the participant's elections on this form and direct the above transaction to be processed.

Print Authorized Employer Representative Name

Authorized Employer Representative Signature

Date