

ARKANSAS STATE HIGHWAY EMPLOYEES' RETIREMENT SYSTEM

DO NOT COMPLETE THIS PAGE UNLESS YOU WANT DROP MONEY ROLLED TO AN IRA AND HAVE MARKED THIS OPTION ON PAGE 1. MONEY WILL BE MAILED DIRECT TO TRUSTEE.

TRUSTEE TO TRUSTEE TRANSFER

The Arkansas State Highway Employees' Retirement System is directed to mail

\$ _____ or _____ % of my distribution to _____

(Name of Trustee) for deposit in accordance with the rollover provisions.

Signature of member _____ Date _____

TO BE COMPLETED BY TRUSTEE OF IRA.

AGREEMENT OF DEPOSITORY TRUSTEE

In accordance with the above authorization of the depositor, we agree to deposit the forthcoming rollover amount from the Arkansas State Highway Employees' Retirement System into an Individual Retirement Account.

Name of Trustee

Authorized Signature

Mailing Address

Date

City State Zip

Account Number

Return to:

Arkansas State Highway Employees' Retirement System
Attn: DROP, Fiscal Services
P.O. Box 2261
Little Rock, AR 72203