

Please complete this form to accompany your rollover contribution check. Failure to thoroughly complete this form may result in delays in processing your rollover contribution. Please use black ink only.

PARTICIPANT INFORMATION

SSN: _____ Employee ID No: _____ Phone Number: _____

Name: _____ Birth Date: _____

Address: _____

City: _____ State: _____ Zip: _____

ROLLOVER CONTRIBUTION CERTIFICATION

I hereby elect to pay or transfer a rollover contribution of the following assets to the Plan indicated at the top of this form. I certify and acknowledge that:

- This rollover contribution duly qualifies as a Rollover Contribution as described by the Internal Revenue Code;
- Once accepted by the Plan, this rollover contribution will be subject to the terms of the Plan;
- If this contribution is not a direct rollover from the prior provider, I received the distribution from my prior plan or IRA not more than 60 days before the date of this contribution to the Plan; and
- The amount to be rolled over does not include required minimum distribution amounts, hardship distributions or amounts that were part of a series of periodic payments.

Name of transferring plan or IRA: _____

Name of prior Plan Sponsor or IRA Custodian: _____

Type of transferring plan: _____ Rollover Check Amount: \$ _____

AFTER-TAX AND ROTH ROLLOVERS

Not all plans will accept the rollover of traditional after-tax or Roth funds. Contact the Plan Administrator of the Plan named above if it is your intention to rollover after-tax money. If after-tax funds are being rolled to this Plan and allowed by the Plan, check the appropriate box(es) below to confirm that the amount being rolled to this Plan include any after-tax funds. Documentation from the prior recordkeeper must be provided to confirm the after-tax cost basis and/or Roth Contribution Amount and Roth Start Date. **Your rollover contribution will not be processed without this documentation.**

Amount rolling to this Plan includes after-tax money. After-tax Cost Basis: \$ _____
Unless provided documentation indicates otherwise, After-tax Rollovers will be processed as Post-1986 contributions.

Amount rolling to this Plan includes Roth money.
Date of first Roth Contribution: _____ Total Roth Contribution Amount: \$ _____

INVESTMENT DIRECTION

Rollover contributions will be invested according to your future investment elections in the Plan. If you have no investment elections on file, your entire rollover contribution will be invested in the default investment alternative designated by the Plan Administrator. Changes to your investment elections can be made at any time through the Start Right website (startright.bokf.com) or by contacting BOK Financial Participant Services at 800.876.9557. *Any subsequent changes to your investment elections on existing balances will also apply to your rollover account balances. If your contributions are not allocated in accordance with your instructions, you will be responsible for notifying the Plan Administrator within 30 days after you receive your first statement.*

SIGNATURE

PARTICIPANT'S SIGNATURE _____ Date _____

Rollover checks should be made payable to: **(receiving Plan's name at the top of this form) FBO (participant's name)**
The rollover check should be mailed directly to you and forwarded with this completed form and any required documentation.

RETURN THIS FORM WITH YOUR ROLLOVER CHECK TO:

BOK FINANCIAL, CLIENT PLAN SERVICES, P.O. BOX 22131, TULSA, OK 74121-2131

INSTRUCTIONS

ROLLOVER CONTRIBUTION

A. Contact your previous employer's plan administrator or recordkeeper and complete their requirements to roll over your account to our Plan. You will need to tell us the name of your previous employer plan and the plan type*.

The name of our Plan is Emergency Medical Services Authority 457(b) Matching Plan (**the "Plan"**); the "company" or Plan Sponsor name is Emergency Medical Services Authority; and the trustee/recordkeeper of our Plan is the **Bank of Oklahoma ("BOK")**. Your rollover distribution check should be payable as follows:

PAYEE: BOKF, NA, TTEE, EMSA 457(b) Matching Plan
FBO: "Your Name" – "Your Social Security Number"

*Acceptable Rollover Funds:

The Emergency Medical Services Authority 457(b) Matching Plan will accept taxable money from the following types of employer-sponsored plans: 401(a) (e.g., 401(k)), 403(a), Governmental 457(b) plans, 403(b) plans (e.g., plans of tax-exempt organizations) and distributions of taxable monies made to you as a spousal beneficiary from a current or former spouse from these types of plans. In addition, the Plan will accept Conduit IRAs (Rollover IRAs) and Non-Conduit IRAs (Traditional IRAs, Simplified Employee Pension plans (SEP-IRAs), and "SIMPLE" IRA distributions (made more than two years from the date you first participated in the SIMPLE IRA)). Taxable money is defined as pretax contributions (employee and employer), earnings on pretax contributions, and earnings on after-tax contributions from your previous employer's plan.

The Emergency Medical Services Authority 457(b) Matching Plan will also accept a Roth 401(k) rollover contribution to the Plan. A Roth 401(k) rollover contribution is a direct rollover from another Roth elective deferral account under an applicable employer sponsored plan. *If you are planning on rolling over Roth 401(k) monies from your previous employer's plan, you will need to contact BOK.*

The Plan **cannot** accept money from the following sources: rollovers from beneficiaries (other than spouse), payments over a life expectancy or a period of 10 or more years, or mandatory age 70 ½ distributions. Money from Roth IRAs or Coverdell Education IRAs cannot be accepted. After-tax contributions may not be rolled into this Plan.

B. Once you have received your distribution check, complete the Rollover Contribution Form. If the original distribution check was made payable to you, please note that you must complete your rollover within 60 days from the date you received your distribution.

C. Send the completed Rollover Contribution Form and your check directly to:

BOK Financial
Client Plan Services
P.O. Box 22131
Tulsa, OK 74121-2131

Make a copy for your records.

Please note that there are specific requirements that must be followed in order to rollover to the Plan a distribution from your prior employer's plan. If you fail to comply with these requirements, your rollover may be delayed or returned to you from the Plan. Also, once your funds are rolled over to the Plan, they are subject to the terms of the Plan.

If you have any questions please contact BOK Participant Services Representatives at 800-876-9557 or email at startright@bokf.com.