

If you have any questions while completing this form, you may contact a Vanguard Participant Services associate Monday through Friday, between 8:30 a.m. and 9 p.m. Eastern time at **800-523-1188**.



Rollover Contribution Request

The Animation Guild 401(k) Plan

Plan # 094523

I. Personal Information (Please complete in ink.)

Please be aware that it is the participant's responsibility to ensure that Vanguard has the most current address on their retirement account. Please contact Vanguard to determine how to update your address.

Social Security #:

Name:

(Last, First, MI)

Address:

City: State: Zip:

Date of Birth:

(mm/dd/yyyy)

Date of Hire:

(mm/dd/yyyy)

Contact Phone #:

II. Rollover Amount

I elect to deposit a rollover into The Animation Guild 401(k) Plan. I understand that the rollover may include salary reduction contributions (pre-tax and/or Roth), and/or employer contributions, and the earnings thereon. I understand that if any portion of a Roth distribution is not taxable, that portion of the distribution can only be rolled over through a direct rollover. Assets from a Roth IRA cannot be rolled into the plan.

Cash:

The amount of my pre-tax rollover is: \$

The amount of my Roth rollover is: \$

Total amount of my rollover is: \$

The Roth cost basis is: \$

The Roth start date is:

(Required)

*If you are rolling over Roth 401(k) assets, documentation from your prior record keeper is required to confirm the Roth cost basis and Roth start date. Your Roth rollover **will not** be completed without this documentation.

Note: The check should be made payable to: **Vanguard Fiduciary Trust Company FBO "Your Name", last 4 digits of Social Security Number.** Mail check and completed form using the Mailing Instructions. Payment must be by employer or institutional check, cashier's check, or money order. **Personal checks are not accepted.**

III. Prior Plan Type Qualified Plan

Please make a copy for your records.

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(06/14/2016)

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IV. Investment Election

Please invest the enclosed rollover check in the following manner. Allocations must be in increments of 1%. Make one of the two choices below.

Please invest my eligible rollover money using my current fund allocations.

-OR-

Choose new fund allocations for your rollover in the boxes below.

Target Retirement Trusts

If you choose this investment approach, you may want to consider investing 100% of your contributions in one Target Retirement Trust.

Fund Code	Fund Name	Allocation	Fund Code	Fund Name	Allocation
001471	Target Retirement Income Trust II	<input type="text"/>	001477	Target Retirement 2035 Trust II	<input type="text"/>
001472	Target Retirement 2010 Trust II	<input type="text"/>	001478	Target Retirement 2040 Trust II	<input type="text"/>
001473	Target Retirement 2015 Trust II	<input type="text"/>	001479	Target Retirement 2045 Trust II	<input type="text"/>
001474	Target Retirement 2020 Trust II	<input type="text"/>	001480	Target Retirement 2050 Trust II	<input type="text"/>
001475	Target Retirement 2025 Trust II	<input type="text"/>	001489	Target Retirement 2055 Trust II	<input type="text"/>
001476	Target Retirement 2030 Trust II	<input type="text"/>	001693	Target Retirement 2060 Trust II	<input type="text"/>

Core Funds

Or for the following list of funds, specify percentages in 1% increments.

Fund Code	Fund Name	Allocation	Fund Code	Fund Name	Allocation
00007E	Vanguard Retirement Savings Trust III	<input type="text"/>	000548	Vanguard Small-Cap Index Fund	<input type="text"/>
000584	Vanguard Total Bond Market Index Fund	<input type="text"/>	000569	Vanguard Total International Stock Index Fund	<input type="text"/>
006066	DFA Five-Year Global Fixed Income Portfolio	<input type="text"/>	005859	Vanguard Mid-Cap Index Fund	<input type="text"/>
002744	Western Asset Core Plus Bond Fund	<input type="text"/>	006110	MassMutual Select Mid Cap Growth Equity Fund II	<input type="text"/>
000540	Vanguard 500 Index Fund	<input type="text"/>	003186	American Funds EuroPacific Growth Fund	<input type="text"/>
003266	American Beacon Large Cap Value Fund	<input type="text"/>	002977	DFA US Targeted Value Portfolio	<input type="text"/>
006103	Principal LargeCap Growth Fund	<input type="text"/>	002187	DFA International Small Company Portfolio	<input type="text"/>
003081	TIAA-CREF Social Choice Equity Fund	<input type="text"/>	003182	DFA Emerging Markets Portfolio	<input type="text"/>

Your allocations must total 100%

Note: If you fail to complete the investment elections above, your contribution will automatically be invested in the date specific Target Retirement Trust closest to the year you will reach age 65.

V. Authorization and Employee Certification

Employee certifications for direct and indirect rollovers

I hereby certify that the prior plan type I selected in section III satisfies the applicable requirements described below.

1. Qualified Plan. The plan has received a favorable IRS determination letter or the plan is intended to satisfy the requirements of section 401(a) of the Internal Revenue Code. The plan administrator is not aware of any provision or operation of the plan that would result in disqualification.

Additional Employee Certifications for Indirect Rollovers

If the rollover is an indirect rollover, in addition to the above certifications, I hereby certify the following:

- I was entitled to the distribution from the prior plan or IRA as an employee, IRA owner, or spouse beneficiary;
- The distribution was not one of a series of periodic payments;
- I received the distribution from the prior plan or IRA not more than 60 days before the intended rollover contribution to the new plan; and
- The entire amount of this rollover contribution would be taxable to me if it were not rolled over.

Note: It is important that **all** of the applicable certifications you have made above are true and accurate. If any of the certifications are not accurate, please do not attempt to roll over your distribution to the Plan.

I have read and acknowledge the certifications above. **I understand that if any of the certifications made above are incorrect, my distribution is not eligible for rollover and I may be subject to adverse tax consequences as a result of the improper rollover.** I agree to promptly notify my employer if I later discover that any certifications are incorrect.

Signature of Participant

Date

Mailing Instructions

U.S. Mail

Vanguard
P.O. Box 1101
Valley Forge, PA 19482

Overnight

Vanguard
400 Devon Park Drive
Wayne, PA 19087