

ATLANTIC CORPORATION OF WILMINGTON, INC 401(K) PROFIT SHARING PLAN AND TRUST

Rollover Form

Principal Life Insurance Company Des Moines, IA 50306-9394 Contract/Plan ID Number 7-05098

Instructions: Complete all numbered steps on this form to combine balances from a previous employer's plan or Individual Retirement Account (IRA) with the current plan. NOTE: Be sure to obtain all the signatures required on the form. The rollover cannot be processed without the appropriate signatures.

Name (Last)	(First)	(MI)	Date of Birth
Email Address			Social Security Number
Date of Hire			□ Single □ Male
//			☐ Married ☐ Female
IOTE: The email address you submit will be used only by rincipal.com.	y the Principal Financial Group®. We v	vill not provide your email to third	
Confirm Rollover			
I would like to roll over funds?	* from a previous empl	oyer's plan or indivi	dual retirement account (IRA).
IMPORTANT: This form is desig not have an investment electior options by logging in to princip	on file or wish to make	an alternative alloca	nt of eligible rollover funds. If I do tion, I will select investment
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Rollover Form

4 Plan Sponsor Signature

The plan sponsor is typically your employer. This signature is required to process the rollover.

Based on the information above, this rollover contribution is acceptable according to the plan provisions. Principal Life Insurance Company is directed to accept this rollover contribution, and keep the appropriate records and accounts.

Plan Sponsor or Trustee Name

Plan Sponsor or Trustee Signature	Date
X	, , , ,

S Request funds from other financial institution

Contact the financial institution that currently holds your retirement funds to request a rollover. Instruct them to complete the rollover check as follows:

Checks must be made payable to:

Principal Trust Company FBO: <Your Name> Contract/Plan ID Number 7-05098 **Checks must be mailed to:**

The Principal Financial Group P.O. Box 9394 Des Moines, IA 50306-9394 Wire transfer instructions:

ABA Number: 121000248 Account Number: 0837354943

FBO: <Your Name>

Contract/Plan ID Number 7-05098

If you have questions or would like assistance in contacting the other financial institution, call us at 1-800-547-7754.

6 Send completed form and rollover funds

NOTE: If we do not receive this form within five business days of receiving the rollover funds, the rollover funds will be returned.

Check enclosed

Prior financial institution will mail check/wire funds

Mailing address for completed form and check:

The Principal Financial Group P.O. Box 9394 Des Moines, IA 50306-9394 Fax to:

1-866-704-3481

FOR RESIDENTS OF FLORIDA: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Investment options are subject to investment risk. Shares or unit values will fluctuate, and investments, when redeemed, may be worth more or less than their original cost.

If funds are rolled into the plan prior to the participant attaining eligibility, this form is only valid if the participant receives the plan's investment option summary and 404 notice prior to executing.

This workbook content is current as of the production date noted below. If there are any discrepancies between this information and the legal plan document, the legal plan document will govern. If the production date is older than three months, you should contact your plan sponsor or log in to principal.com for current retirement plan and investment option information. The member companies of the Principal Financial Group® prohibit the manipulation of this workbook content. If your plan sponsor elects to provide this workbook electronically, The Principal® is not responsible for any unauthorized changes.

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