

**NEZ PERCE TRIBE EMPLOYEES' RETIREMENT PLAN  
ROLLOVER ACCEPTANCE FORM**

**Participant Information**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Which divisions have you worked for? *Please check ALL divisions that have ever applied since you began employment with the Nez Perce Tribe.*

Nez Perce Tribe       Nez Perce Tribal Enterprises       Nez Perce Tribe Housing Authority       Nimiipuu Health

**Previous Employer & Plan Information**

Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Plan Name: \_\_\_\_\_

Benefit Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

*Please attach a current statement from your previous plan detailing your account balance by source.*

**Payment Requisition Information**

**Make Check Payable to:**      **Charles Schwab Bank** fbo Nez Perce Tribe Employees' Retirement Plan, Acct # 704276  
**In the Memo Line:**              Account #704276 and your Social Security Number

If the check is not payable as indicated above, we cannot guarantee the Bank will accept the check for deposit. If the bank will not accept the check for deposit, a new check will have to be issued.

Upon approval from Nez Perce Tribe, the check should be sent to Charles Schwab Bank, as shown below:

**Charles Schwab Bank Mailing Address**  
Attn: Cash Deposits  
Charles Schwab Bank  
PO Box 202770  
Austin TX 78720

**Charles Schwab Bank Overnight Mailing Address**  
Attn: Cash Deposits  
Charles Schwab Bank  
12401 Research Blvd, Bldg 2  
Austin TX 78759

**Where to Submit Completed Form**

**Nez Perce Tribe**

Human Resources Department  
PO Box 365  
Lapwai, ID 83540

**Nez Perce Tribal Enterprises**

Human Resources Department  
17500 Nez Perce Road  
Lewiston, ID 83501

**Nez Perce Tribal Housing Authority**

Human Resources Department  
PO Box 188  
Lapwai, ID 83540

**Nimiipuu Health**

Human Resources Department  
PO Box 367  
Lapwai, ID 83540

**FOR OFFICE USE ONLY: ADMINISTRATIVE APPROVAL**

Division: \_\_\_\_\_

Approved  
 Not Approved

Date Submitted to  
Randall & Hurley, Inc.: \_\_\_\_\_

Signature: \_\_\_\_\_

**Instructions:**

The administrator should (1) verify the former plan is a qualified plan by contacting the former benefits administrator, (2) approve this request and notify participant, and (3) forward a copy of this form and attachments to Randall & Hurley, Inc.

Print Name: \_\_\_\_\_

*Forward all rollover acceptance forms to Randall & Hurley, Inc. via fax at (509) 838-1388 or via mail to Randall & Hurley, Inc., 601 W. Riverside Ave., Suite 1600, Spokane, Washington, 99201.*