



Rollover Request

**Participant Information:**

Name \_\_\_\_\_ SSN# \_\_\_\_\_

Name of Distributing Plan \_\_\_\_\_

Distributing Plan Number \_\_\_\_\_ Amount \_\_\_\_\_

\_\_\_\_\_  
Participant's signature

\_\_\_\_\_  
Date

Our organization agrees to serve as the new Trustee or Custodian for the account of the above-named individual, and as Trustee or Custodian we agree to accept the assets being transferred.

Liberty Bell Bank  
145 North Maple Ave  
Evesham, NJ 08053  
ATTN: Sil Milelli

All checks should be made payable to Liberty Bell Bank FBO the participant.  
If you should choose to wire the funds please use routing number #031207898.

\_\_\_\_\_  
Authorized Signature of New Trustee or Custodian

\_\_\_\_\_  
Date