

ROLLOVER CONTRIBUTION FORM

Plan Name: S.W. Rodgers Co., Inc. 401(k)/Profit Sharing Plan
Participant's Social Security Number _____ -- ____ -- _____

Plan Number: 10124

Employee Information

Participant Name: _____
Last First Middle Initial
Participant Address: _____
Street
City State Zip
Division: _____ Hire Date: _____ Birth Date: _____

Rollover Contribution Information

I request that the amounts below be rolled into my current Employer's Plan. (Rollover Contributions may only be made in the form of cash or allowable mutual fund shares.) I have attached a certified check, money order, or check from the prior trustee, made payable to "Fidelity Management Trust Company as Trustee" and it represents one of the following:

	Rollover Type	Description	Fidelity Code	Dollar Amount
Pre-Tax		A distribution from a prior employer's qualified 401(a) plan.	1K	\$
		A distribution from a previous employer's 403(b) plan	3B	\$
		A distribution from a Rollover Individual Retirement Account which consists solely of an "eligible rollover distribution" from a qualified plan and earnings thereon ("conduit IRA")	IC	\$
		A distribution of deductible annual IRA contributions and any earnings from a traditional Individual Retirement Account, or a distribution of 403(b) or governmental 457(b) assets previously rolled into an IRA ("Non-Conduit IRA")	IN	\$
		A distribution from a Governmental 457(b) retirement plan	7G	\$
		Earnings on employee after-tax contributions which are rolled over	1K	\$
After-Tax		A distribution of employee after-tax contributions from a 401(a) plan	1A	\$
Total Amount of Rollover (Verify this sum equals the amount of the checks)				\$

*Making Rollover Contributions to your current Employer's Plan which consist of assets other than qualified 401(a) plan assets may result in the loss of favorable capital gains or ten year income averaging tax treatment associated with lump sum distributions from your current Plan balance. If you may be eligible for this special tax treatment, you should consult your tax advisor and carefully consider the impact of making a Rollover Contribution to your Employer's Plan.

Note: A distribution of eligible rollover assets paid directly to you must be received by Fidelity as a Rollover Contribution within 60 days of your receipt of such distribution. The Plan Administrator reserves the right to require sufficient evidence that your distribution is from an eligible retirement plan or a conduit IRA containing only eligible rollover assets. In general, any Rollover Contribution you make to the Plan will be subject to the Plan's distribution options.

Investment Elections

I choose to invest my Rollover Contribution as follows:

(Indicate a whole percentage for each fund. The TOTAL of the percentages invested in all funds must equal 100%.)

<u>Permissible Investment Option</u>	<u>Name</u>	<u>Investment Option No.</u>	<u>Percentage</u>
1	Fidelity Cash Management Prime Fund: Daily Money Class	0083	_____
2	Fidelity Advisor Stable Value Portfolio II	0771	_____
3	Fidelity Advisor Government Income Fund Class T	1758	_____
4	Allianz NFJ Dividend Value Fund Class A	OKMY	_____
5	Evergreen Special Values Fund Class A	OQWO	_____
6	Dreyfus S&P 500 Index Fund	OFYP	_____
7	T Rowe Price Growth Stock R	OSNF	_____
8	Fidelity Advisor Mid Cap Fund Class T	0531	_____
9	Fidelity Advisor Small Cap Fund Class T	0299	_____
10	Columbia International Value Fund A	OMAP	_____
11	Fidelity Advisor Freedom 2010 Class T	1187	_____
12	Fidelity Advisor Freedom 2020 Class T	1192	_____
13	Fidelity Advisor Freedom 2030 Class T	1197	_____
14	Fidelity Advisor Freedom 2040 Class T	1203	_____
15	Fidelity Advisor Freedom Income Fund Class T	1208	_____
16	Fidelity Advisor Freedom 2005 Class T	1294	_____
17	Fidelity Advisor Freedom 2015 Class T	1299	_____
18	Fidelity Advisor Freedom 2025 Class T	1305	_____
19	Fidelity Advisor Freedom 2035 Class T	1310	_____
20	Fidelity Advisor Freedom 2045 Class T	1603	_____
21	Fidelity Advisor Freedom 2050 Class T	1608	_____
		TOTAL	100%

Note: Your investment elections above will only apply to your Rollover Contribution and not your current Plan assets in your Account.

Signatures

I understand that I must satisfy the Plan's eligibility and entry date requirements to become an Active Participant in the Plan. If I have commingled assets in my Plan Account, I understand that there may be associated tax consequences. I hereby certify that the information on this form is true, accurate and complete.

PARTICIPANT _____ **DATE** _____

Please return this completed form and your rollover check to your benefits department.

As Plan Administrator I authorize the Participant's Rollover Contribution.

PLAN ADMINISTRATOR _____ **DATE** _____

Form Completion Checklist (For Plan Sponsor Use Only)

Before Submitting this form please verify that you have included the following information:

- | | |
|---|---|
| <input type="checkbox"/> Participant's social security number | <input type="checkbox"/> Participant signature |
| <input type="checkbox"/> Investment Elections (Whole percentages totaling 100%) | <input type="checkbox"/> Plan Administrator signature |

For Plan Sponsor Use Only:

Please mail the Rollover form and check to:
 Fidelity Investments-Client Services ECM
 P.O. Box 770001
 Cincinnati, OH 45277-0024
{form3}