THE HENSSLER EQUITY FUND
Lighting the Way

Direct Rollover Affirmative Election Form

For assistance, please call 1-800-936-FUND (3863). **IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT:** To help the government fight the funding of terrorism and money laundering activities, Federal Law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, identification number, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. The documents you provide to us will be used solely to attempt to verify your identity. The information you provide may be shared with third parties for the purpose of validating your identity. Applications without such information may not be accepted. Henssler Funds reserves the right to place limits on the transactions in your account until your identity is verified.

Participant Information

Name:_____ Account Number:_____

Address:_____City:_____ State:_____ Zip Code:_____
(No P.O. Boxes)
Social Security Number:_____Birth Date:_____

Home Phone Number:_____ Business Phone Number:_____ E-Mail Address:_____

Employer Plan Information

Employer:_____ EIN Number:_____

Address:_____City:_____ State:_____ Zip Code:_____

Plan Name:_____Phone Number: _____

Affirmative Election

Important: You may elect a Direct Rollover (Section A) or a Payment to you (Section B) or a combination of Section A & B.

☐ A. Direct Rollover by: ☐ Plan Participant;
☐ Surviving Spouse of Plan Participant; or
☐ Spouse or Former Spouse Alternate Payee under Qualified Domestic Relations Order (QDRO)

1. I hereby elect to have my benefit under the employer's plan paid in a DIRECT ROLLOVER to:

   Fifth Third Bank, as successor Trustee/Custodian FBO _____, IRA
   (Name of Participant, Surviving Spouse, Alternate Payee)

   NOTE: A surviving spouse may not elect a Direct Rollover to another employer plan.

2. Name of successor Trustee/Custodian: **Fifth Third Bank**
   Address of successor Trustee/Custodian: **P.O. Box 8796 Denver, CO 80201 Phone: 1-800-936-3863**

3. This election shall apply to (Check one. Percentage or dollar amount must be at least $500 if section B is also applicable):

   ☐ a) 100% of my vested benefit
   ☐ b) _____% of my vested benefit
   ☐ c) $_____
   ☐ d) Other (specify):_____

   Form of Direct Rollover
   ☐ In Cash $_____
   ☐ In Kind (specify):_____

☐ B. Payment To: ☐ Plan Participant;
☐ Surviving Spouse of Plan Participant; or
☐ Spouse or Former Spouse Alternate Payee under Qualified Domestic Relations Order (QDRO)

1. I hereby elect to have my benefit under the employer's plan paid to me:

2. This election shall apply to:

   ☐ a) 100% of my vested benefit
   ☐ b) _____% of my vested benefit
   ☐ c) $_____
   ☐ d) Other (specify):_____

   Form of Direct Rollover
   ☐ In Cash $_____
   ☐ In Kind (specify):_____

3. I understand that a mandatory 20% income tax withholding will apply to the taxable portion of item B(2) above which is an eligible rollover distribution.

Signatures

I certify I have received and read the employer's Notice to Recipients of Qualified Plan Distributions and understand that I have at least 30 days to choose between direct rollover or payment. I understand that if I elect to receive multiple payments, this election shall apply to all future payments unless I file a new Direct Rollover Affirmative Election Form with the employer. I authorize and direct the employer to make distributions from the employer's plan as indicated above.

Signature: _____ Date: _____
(Participant, Surviving Spouse, Alternate Payee)

Employer's Signature: _____ Date: _____

Accepting Plan of a Direct Rollover (optional): _____ Date: _____
(Authorized Signature)

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