Denbright Dental Labs 401(k) Plan
ROLLOVER INSTRUCTIONS

USI Consulting Group (USICG) is providing you with these instructions and the attached Rollover Certification Form to help facilitate your rollover into your current Employer's retirement plan from your prior retirement plan or IRA service provider.

1	Contact your prior employer or service provider and ask what they require to process your request.
2	When completing your rollover request, have the rollover check mailed to you made payable as follows: **Charles Schwab Trust Bank** **f/b/o [Your Name and Last 4 digits of SSN]** *for the Denbright Dental Labs 401(k) Plan*- **#113587** **Be sure the plan name is included on the check, either as part of the payable line or in the reference field.**
3	When you receive the check from your prior service provider, complete the Rollover Certification Form attached to this instruction sheet. Make copies of the check and Rollover Certification Form for your records. **Submit the check and the form to your current Employer by delivering in person or mailing to the address on the bottom of the Rollover Certification Form for processing.** ***NOTE:*** Part 2 of the Rollover Certification Form requires you to provide documentation of the source of your rollover, such as a copy of a Form 1099-R, distribution statement, plan statement or letter from your prior plan. You must include such documentation with your check and Rollover Certification Form.
4	If you need additional assistance, please call the USICG Participant Service Center at (866) 305-8846 and enter your **Plan Code 713**. We are available Monday through Friday from 8:00 a.m. to 5:00 p.m. EST.

To prevent any delays in processing, PRINT clearly in Blue or Black ink and be sure your forms are complete.

NOTE: If a portion of this rollover includes funds attributable to Roth deferrals, attach documentation indicating the first year of the five taxable-year period of participation and the portion of the distribution that is attributable to unrecovered Roth contributions or documentation that the distribution is a "qualified distribution".

Denbright Dental Labs 401(k) Plan
ROLLOVER CERTIFICATION FORM

Complete all sections and **PRINT clearly in Blue or Black ink. Your signature is required in Part 4.**

Part 1 PARTICIPANT INFORMATION

Participant Name (Last, First, MI)			Social Security Number
Street Address			Date of Birth
City	State	Zip Code	Date of Hire
Daytime Phone Number	Email Address		Company Division or Location

Part 2 ROLLOVER ELECTION

I elect to roll $_____ into the Plan. Attached is my rollover check. I have also attached either a Form 1099-R, a distribution statement, my last participant statement or a letter from the prior plan for this amount in support of my request. I understand that:

(1) The Plan is not legally required to accept a rollover
(2) If the Plan accepts my rollover, once deposited in the Plan, the rollover amount is subject to the Plan provisions concerning rollover contributions *(Refer to your Summary Plan Description for more details)*
(3) The amount I roll over may be subject to different tax treatment when it is ultimately distributed from the Plan

The rules regarding taxation of distributions from your rollover account are complex and vary according to your individual circumstances. You should consult with a tax advisor to determine the tax implications of your rollover.

☐ A portion of this rollover includes funds attributable to Roth deferrals. *(You must attach documentation indicating the first year of the five taxable-year period of participation and the portion of the distribution that is attributable to unrecovered Roth contributions or documentation that the distribution is a "qualified distribution".)*

Part 3 INVESTMENT ELECTION

Select ONE option for investment of your rollover:

☐ Use my current investment elections already on file ☐ Use the investment elections below (must be in whole percentages and total 100%)

INVESTMENT OPTION	PERCENTAGE	INVESTMENT OPTION	PERCENTAGE
T. Rowe Price Retirement 2010 Advisor	%	Vanguard Growth Index Adm	%
T. Rowe Price Retirement 2015 Advisor	%	JHancock Disciplined Value Mid Cap R2	%
T. Rowe Price Retirement 2020 Advisor	%	Vanguard Mid-Cap Value Index Adm	%
T. Rowe Price Retirement 2025 Advisor	%	Vanguard Mid Cap Index Admiral	%
T. Rowe Price Retirement 2030 Advisor	%	Macquarie Mid Cap Growth A	%
T. Rowe Price Retirement 2035 Advisor	%	Vanguard Mid-Cap Growth Index Adm	%
T. Rowe Price Retirement 2040 Advisor	%	Columbia Small Cap Value I A	%
T. Rowe Price Retirement 2045 Advisor	%	Vanguard Small Cap Value Index Adm	%
T. Rowe Price Retirement 2050 Advisor	%	Vanguard Small Cap Index Adm	%
T. Rowe Price Retirement 2055 Advisor	%	Fidelity Advisor® Small Cap Growth A	%
T. Rowe Price Retirement 2060 Advisor	%	Vanguard Small Cap Growth Index Adm	%
T. Rowe Price Retirement 2065 Advisor	%	Columbia Overseas Value A	%
APEX Guaranteed Fixed Interest i5	%	Vanguard Total Intl Stock Index Admiral	%
PIMCO Income A	%	ClearBridge International Growth A	%
Vanguard Total Bond Market Index Adm	%	Fidelity Advisor® Intl Small Cap A	%
Fidelity Advisor® Total Bond A	%	Goldman Sachs Emerging Markets Eq Insights A	%
AB Bond Inflation Strategy A	%	Fidelity Advisor® Health Care A	%
Columbia Select Large Cap Value A	%	Virtus Duff & Phelps Real Estate Secs A	%
Vanguard Value Index Adm	%	Fidelity Advisor® Technology A	%
Vanguard 500 Index Admiral	%		%
AB Large Cap Growth A	%	**TOTAL**	**100%**

If you do not make an investment election here or have one on file, you will automatically be invested in the Plan's default investment alternative. If your account is automatically invested in this manner, you may subsequently change your election online at **www.usicg.com**.

Part 4 PARTICIPANT SIGNATURE / EMPLOYER AUTHORIZATION (REQUIRED)

I understand that I must confirm that my elections above have been properly implemented and inform my Employer if I discover any discrepancies.

_____ _____

Participant Signature Date

_____ _____ _____

Plan Administrator Signature PRINT Plan Administrator Name Date

If you have any questions, please call the USICG Participant Service Center at (866) 305-8846, Plan Code **713**

After completing this request, return it for processing using one of the options below:

Mail: Denbright Dental Labs - Attn: Griselda Castellanos – 1108 Investment Blvd. El Dorado Hills, CA 95762

Email: griselda@denbright.com

Please make a copy of this form for your records