



401(k) ROLLOVER CONTRIBUTION FORM

This form will allow active participants and participants who have terminated employment within the last 12 months to roll money into the State of Michigan 401(k) Plan.

Please print or type the following information:

Name		Date of Birth
Address		SSN or Employee ID (circle one)
City	State/Zip	Work Location (if applicable)

Complete this Rollover Contribution Form and:

- Attach your Tax Distribution Statement from your former plan
- Attach your rollover check payable to State of Michigan 401K Plan, FBO (your name)
- Mail to ING, State of Michigan 401K Plan Administration, PO Box 55497, Boston, MA 02205-5497

I elect to make a rollover contribution to the State of Michigan 401K Plan in the amount of \$ _____. As evidenced by the attached documentation, this amount does not exceed the taxable amount that I received from _____ (name of prior qualified plan) within the past 60 days.

I direct this rollover contribution be invested in multiples of 1% in one or more of the following funds. The total must equal 100%.

SSgA Target Retirement Income Fund _____%	SSgA Target Retirement 2010 Fund _____%
SSgA Target Retirement 2015 Fund _____%	SSgA Target Retirement 2020 Fund _____%
SSgA Target Retirement 2025 Fund _____%	SSgA Target Retirement 2030 Fund _____%
SSgA Target Retirement 2035 Fund _____%	SSgA Target Retirement 2040 Fund _____%
SSgA Target Retirement 2045 Fund _____%	SSgA Target Retirement 2050 Fund _____%
SSgA Yield Enhanced STIF Fund _____%	SSgA Stable Value Fund _____%
SSgA Bond Market Index Fund _____%	SSgA S&P 500 Index Fund _____%
SSgA MidCap Index Fund _____%	SSgA Russell 2000 Index Fund _____%
PIMCO Total Return Fund _____%	MFS Total Return Fund (A) _____%
Oakmark Equity and Income Fund _____%	Dodge & Cox Stock Fund _____%
Rainier Large Cap Growth Fund _____%	T. Rowe Price Mid Cap Value Fund _____%
Artisan MidCap Fund _____%	ING Small Cap Growth Equity _____%
RidgeWorth SmallCap Value Fund _____%	SSgA Emerging Markets Fund _____%
American Funds EuroPacific Growth Fund _____%	

I certify that all of the assets to be invested as specified above are qualified monies and are eligible to rollover to the State of Michigan 401(k) Plan. I understand that the Plan will not be held responsible for any tax penalties that may occur for an incomplete submission.

If you are not currently participating in the State of Michigan 401(k) Plan, you need to designate a beneficiary. You may do so through the Plan Web site at <http://stateofmi.ingplans.com>. Alternatively, you may print a Beneficiary Designation Form from the Plan Web site or request one from the Information Line at 1-800-748-6128.

Employee's Signature _____ Date _____

Note: This allocation will not affect any current or future investment elections. If you wish to make changes to current or future investment elections, visit the Plan Web site at <http://stateofmi.ingplans.com> or call the Information Line at 1-800-748-6128.