

Incoming Rollover Instructions

Plan Name: Liberty Healthcare Corporation Savings Plan

Plan Number: 86164

If you have a balance in a former employer's retirement plan and/or an IRA, you may want to consider consolidating your assets in the Liberty Healthcare Corporation Savings Plan. Keeping your retirement savings in a single plan can help simplify performance tracking, provide greater convenience in making investment changes, and minimize paperwork.

"Rolling" money into the Liberty Healthcare Corporation Savings Plan is a three-step process. Please follow these instructions to ensure that your rollover is completed in a timely and accurate manner. Please note: Failure to follow these instructions may result in a delay in the processing of your request and may jeopardize your ability to roll over your distribution.

REQUEST YOUR DISTRIBUTION:

Request the distribution from your prior employer's 401(a)/(k) plan, 403(b) plan, or Governmental 457(b) plan or an Individual Retirement Account (IRA).

There are two distribution check payable options:

1. The distribution check is made payable to Fidelity Management Trust Company (or FMTC) for the benefit of the participant. The check must be from the distributing trustee or custodian. **(Personal checks are not acceptable.)**
2. If the distribution check is made payable to the Participant you must send your rollover to Fidelity via a certified check or money order for the amount you are rolling over.
 - Fidelity does not accept wire transfers of funds. You must request a CHECK from your previous retirement plan or IRA.
 - Check should be mailed directly to you. Once you receive the check, please follow the directions below.

COMPLETE YOUR ROLLOVER APPLICATION:

- The employee must complete the following sections of the Rollover Form (Attached): Employee Information, Rollover Contribution Information (include specific rollover amount), Investment Elections (Must be in whole numbers and total 100%), and participant signature.
- The employee forwards the completed Rollover Form and check to the Plan Administrator.
- The Plan Administrator must review the form for completeness and accuracy, sign, and date the form on the Plan Administrator line in the Signatures section. The Rollover Form along with the rollover check is then sent to Fidelity Investments using the address information below.
- **If you are not sure of the Rollover Type, please contact your prior Plan Administrator for verification. An incorrect Rollover Type could invalidate your rollover.**

MAIL THE INFORMATION:

- The plan Sponsor should mail check and completed Rollover Form to one of the following addresses:

Regular Address:

Fidelity Investments Retirement Services Company
Client Services Operations
P.O. Box 770001
Cincinnati, OH 45277-0024

Overnight Address:

Fidelity Investments
Client Services Operations
100 Crosby Parkway (KC1F-E)
Covington, KY 41015

- Please include all of the information requested. Incomplete forms and the accompanying check will be returned to you and may jeopardize your ability to rollover your distribution.

Once your rollover contribution is accepted into the Liberty Healthcare Corporation Savings Plan, you can log into Fidelity NetBenefits® at www.401k.com to view your rollover contribution and investment election(s).

Social Security Number

□□□-□□-□□□□

Plan Number: 86164

Plan Name: Liberty Healthcare Corporation Savings Plan

Participant 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, allowable mutual fund shares, or, if allowed by your current Employer's Plan, promissory notes from your prior employer's qualified plan.) 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:

Table with 5 columns: Rollover Type, Description, Fidelity Code, Dollar Amount. Rows include Pre-Tax (401(a)(k), 403(b), R/O IRA, Traditional IRA, Gov't 457(b)), Roth (401(a)(k), 403(b) or Gov't 457(b)), and a Total Amount row.

Note: A Rollover Contribution paid directly to the participant or from an IRA must be received by Fidelity within 60 days of your receipt of such distribution. The Plan Administrator reserves the right to require sufficient evidence that your distribution is from a 401(a)(k), 403(b) plan, Governmental 457(b) plan or an IRA.

Investment Elections

5VECMROLL01Z

5VECMROLL01Z



I choose to invest my Rollover Contribution as follows:

(Indicate a whole percentage for each fund. Percentages containing fractions or decimal points will not be accepted. The TOTAL of the percentages invested in all funds must equal 100%.)

Permissible Investment Option	Name	Investment Option Number	Whole Percentage
1	Fidelity® Money Market Trust Retirement Money Market Portfolio	0630	
2	Wells Fargo Stable Return Fund Class M	OODH	
3	PIMCO Total Return Fund Institutional Class	OF1P	
4	First Eagle Global Fund Class A	OFSL	
5	Vanguard 500 Index Fund Signal Class	OKVK	
6	Royce Total Return Fund Investment Class	OFRT	
7	MainStay Large Cap Growth Fund Class I	OKCG	
8	Invesco Van Kampen Mid Cap Growth Fund Institutional Class	OY4Q	
9	Prudential Jennison Small Company Fund Class A	OKSR	
10	Vanguard Developed Markets Index Fund Investor Shares	OMLX	
11	Wells Fargo Advantage Emerging Markets Equity Fund Institutional Class	OEMR	
12	Cohen & Steers Realty Shares Fund	OFQG	
13	Vanguard Target Retirement 2010 Fund Investor Shares	OKKK	
14	Vanguard Target Retirement 2020 Fund Investor Shares	OKKL	
15	Vanguard Target Retirement 2030 Fund Investor Shares	OKKM	
16	Vanguard Target Retirement 2040 Fund Investor Shares	OKKN	
17	Vanguard Target Retirement 2050 Fund Investor Shares	OKKO	
18	Vanguard Target Retirement Income Fund Investor Shares	OSHO	

Total	100%
--------------	-------------

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

Participant Signature

I understand that I must satisfy the Plan's eligibility and entry date requirements to become an Active Participant in the Plan. I hereby certify that the information on this form is true, accurate and complete.

PARTICIPANT _____ **DATE** _____

Employer Authorization

Only an authorized signer designated in the Plan's Service Agreement may sign below as the Plan Administrator.

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

PLAN ADMINISTRATOR
PRINT NAME* _____

PLAN ADMINISTRATOR
SIGNATURE (must be an authorized signer)* _____ **DATE** _____

* Note: The Plan Administrator should both print and sign his/her name in the spaces given.

Form Completion Checklist

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

- Participant's social security number
- Participant signature
- Investment Elections (Whole percentages totaling 100%)
- Plan Administrator signature