

**PERSONAL INFORMATION** (please print clearly using black or blue ink)

NAME: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ APT: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

DAY PHONE: \_\_\_\_\_ EVENING PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

**INSTRUCTIONS**

1. Contact your former employer, plan administrator, or financial institution to request and receive a rollover distribution check. You will need to provide the correct payee information for your rollover. The rollover check should be mailed directly to you and payable as follows:
  - Sodexo 401(k) Employees' Retirement Savings Plan and Trust for the benefit of (F.B.O.) (Your Name)
2. Obtain required documentation. Your former employer or financial institution should provide you with proof of plan qualification and taxability. Proof of plan qualification status is typically documented in a copy of the plan's IRS Letter of Determination, a signed letter from your employer or prior Plan Administrator and/or your rollover distribution statement. Proof of taxability is typically documented in your rollover distribution statement.
3. Write the last four digits of your Social Security Number on the rollover check.
4. Personal checks will not be accepted and will be returned to you.

**PLEASE NOTE: AN INCOMPLETE APPLICATION, INSUFFICIENT DOCUMENTATION, A MISSING CHECK OR A CHECK WITH INCORRECT PAYEE INFORMATION MAY RESULT IN A DELAY IN POSTING FUNDS TO YOUR ACCOUNT OR THE RETURN OF YOUR APPLICATION AND/OR CHECK.**

**PROOF OF PLAN QUALIFICATION AND TAXABILITY**

**Plan qualification:** Your rollover contribution to the Sodexo 401(k) Employees' Retirement Savings Plan and Trust must be from another qualified plan or IRA. The Sodexo 401(k) Employees' Retirement Savings Plan and Trust accepts rollover contributions from a 401(k) plan, 403(b) plan, 457 deferred compensation plan or Rollover IRA. If you choose to rollover an eligible plan payment that was paid to you, it will be treated an indirect rollover which must be completed within 60 days after you received the payment.

**Important note regarding the 60-day rollovers:** If a portion of the rollover is attributable to a qualified plan loan offset amount, then the deadline for rolling over that loan offset amount is the due date (including extensions) for filing the Federal income tax return for the tax year in which the plan loan offset occurs. A "qualified plan loan offset amount" is the amount by which an employee's account balance under the plan is reduced to repay a loan from the plan, and is treated as distributed from a 401(a)-qualified plan, a 403(b) plan, or a governmental 457(b) plan solely by reason of a) the termination of the plan, or b) failure to meet the repayment terms of the loan because of the employee's separation from service (whether due to layoff, cessation of business, termination of employment, or otherwise).

**Taxability:** You must provide documentation that details the taxability of the funds to be rolled over indicating pre-tax.

**You may need to contact your former employer, plan administrator, or financial institution to provide you with this information which must accompany this application and rollover check.**

**INVESTMENT FUND ELECTIONS (MUST TOTAL 100%)**

I elect to make a rollover contribution to the Sodexo 401(k) Employees' Retirement Savings Plan and Trust in the amount of: \$ \_\_\_\_\_

If you do not elect how you want your rollover contributions invested or your election below does not total 100%, your rollover contribution will be invested according to the investment elections you currently have on file. If you do not have investment elections on file, your rollover contributions will default to the life cycle fund that has an associated date closest to your expected retirement year.

State Street Target Retirement Income Fund	_____	.00%	State Street Russell 2000 Index Fund	_____	.00%
State Street Target Retirement 2020 Fund	_____	.00%	State Street EAFE Index Fund	_____	.00%
State Street Target Retirement 2025 Fund	_____	.00%	State Street Real Asset Fund	_____	.00%
State Street Target Retirement 2030 Fund	_____	.00%	DFA Inflation-Protected Securities Portfolio	_____	.00%
State Street Target Retirement 2035 Fund	_____	.00%	MetWest Total Return Bond Fund	_____	.00%
State Street Target Retirement 2040 Fund	_____	.00%	BNY Mellon International Bond Fund	_____	.00%
State Street Target Retirement 2045 Fund	_____	.00%	MFS Value Fund R3	_____	.00%
State Street Target Retirement 2050 Fund	_____	.00%	T. Rowe Price Institutional Large Cap Growth Fund	_____	.00%
State Street Target Retirement 2055 Fund	_____	.00%	Wells Fargo Special Mid Cap Value I Fund	_____	.00%
State Street Target Retirement 2060 Fund	_____	.00%	State Street S&P Mid Cap Index	_____	.00%
State Street Target Retirement 2065 Fund	_____	.00%	Delaware Small Cap Value Fund	_____	.00%
Stable Value Fund	_____	.00%	INVESCO Small-Cap Growth Fund	_____	.00%
State Street US Bond Index Fund	_____	.00%	BNY Mellon International Core Equity Fund	_____	.00%
State Street Moderate Balanced Fund	_____	.00%	DFA Emerging Markets Fund	_____	.00%
State Street S&P 500 Index Fund	_____	.00%	<b>TOTAL</b>		<b>100%</b>

**AUTHORIZATION**

*I certify that the amount of my rollover contribution represents only money that is eligible to be rolled over into the Sodexo 401(k) Employees' Retirement Savings Plan and Trust. If any of the money is subsequently determined to be ineligible for rollover, I understand that the Plan will distribute the ineligible amount and any attributable earnings, if applicable.*

**PARTICIPANT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**If you have any questions, please go online at [www.mysodexosavingsplan.com](http://www.mysodexosavingsplan.com) or call Sodexo 401(k) Employees' Retirement Savings Plan and Trust Service Center at 1-866-769-7526 (TTY/TTD users call 1-877-705-6680). Customer Service Associates are available Monday through Friday, 8:00 A.M. to 8:00 P.M. Eastern Time (excluding stock market holidays).**

**CHECKLIST**

**PLEASE REVIEW YOUR APPLICATION CAREFULLY.**

- Completed the Personal Information section, **and**
- Contacted your former employer or financial institution, **and**
- Completed the Investment Fund Elections section, **and**
- Included your rollover check (made payable to Sodexo 401(k) Employees' Retirement Savings Plan and Trust F.B.O. (your name)), **and**
- Included proof of plan qualification documenting the source of your rollover contribution such as: 401(k), 403(b), 457 or Rollover IRA (IRS Letter of Determination, letter from plan's prior record keeper, or distribution statement), **and**
- Included proof of taxability detailing the taxability of funds to be rolled over such as: pre-tax. (Letter from plan's prior record keeper, and/or rollover distribution statement), **and**
- Signed and dated the Rollover Contribution form

**If your rollover check or any of the above required information or documentation is missing from your application, there will be a delay in processing your rollover contribution and your application and/or check may be returned to you.**

**If your application is complete, please mail the application and any required documentation to:**

**VIA MAIL**

Voya Financial  
 Attn: Sodexo Plan Administration  
 P.O. Box 55772  
 Boston, MA 02205-5772

**VIA OVERNIGHT DELIVERY**

Voya Financial  
 Attn: Sodexo Plan Administration  
 30 Braintree Hill Office Park  
 Braintree, MA 02184-8747