

Certification of Rollover Assets Form

Use this form to certify that a contribution is an eligible rollover contribution. For additional information, please contact Shareholder Services at 800.438.5789 or visit our website at munder.com.

PLEASE PRINT IN BLOCK CAPITAL LETTERS

1. PARTICIPANT INFORMATION

First Name	Middle Initial	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Security Number (Taxpayer Identification Number)	Date of Birth	
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	
Street Address		
<input type="text"/>		
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Daytime Telephone Number	Munder Funds Account Number (if known)	
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>	

2. ROLLOVER TYPE

TRADITIONAL ROLLOVER

- Traditional IRA Rollover** - This is a distribution of all or part of my account balance from another traditional IRA which is being rolled over within 60 days of receipt. I understand that 365 days must have passed since I last received a rollover distribution from the distributing traditional IRA.
- IRA Eligible Rollover Distribution** - This is a non-periodic distribution from my employer's qualified retirement plan of all or part of my account balance, other than the portion of any distribution which is nontaxable, which is being rolled over within 60 days of receipt. (Your employer's plan administrator should be able to tell you what portion of your distribution is an "eligible distribution".) I certify that no portion of this rollover is from any portion of a Designated Roth Contribution Account under my employer's qualified retirement plan or from any amount required to be distributed under Internal Revenue Code Sections 408(a)(6) and 401(a)(9), commonly known as a required minimum distribution.

ROTH ROLLOVER

- Roth IRA Rollover** - This is a distribution of all or part of my account balance from another Roth IRA which is being rolled over within 60 days of receipt. I understand that 365 days must have passed since I last received a rollover distribution from the distributing traditional IRA.
- Qualified Rollover Contribution (conversion) into a Roth from a 401(k), 403(b), 457 Plan or other Qualified Plan** - This is a distribution from my employer's retirement plan paid as a direct rollover contribution (conversion) into a Roth IRA.
- Designated Roth Contribution Account** - This is a direct rollover or a 60-day rollover from my Designated Roth Contribution Account under my employer's qualified retirement plan. This rollover represents all or a portion of my Designated Roth Contribution Account under the employer's qualified retirement plan and no other source of money under the employer's qualified retirement plan is being rolled over to my Roth IRA.
- Military Death Gratuity Payment** - This rollover contribution is less than \$100,000 and is being made within 365 days of receipt.
- Servicemember's Group Life Insurance (SGLI)** - This rollover contribution is less than \$400,000 and is being made within 365 days of receipt.

3. AUTHORIZATION

You certify that the contribution described above is an eligible IRA rollover contribution. You certify that this contribution is being rolled over within 60 days of receipt or is being rolled directly from your employer's plan or current custodian and meets the requirements for tax law provisions, as described above. You certify that the rollover is not part of a series of payments over your life expectancy or over a period of 10 years or more. The rollover does not include any required minimum distribution, hardship distribution, corrective distribution, or deemed distribution from your employer's qualified retirement plan. You understand that this rollover contribution is irrevocable and involves important tax considerations. Specifically, you understand that a rollover contribution from a pre-tax qualified retirement plan will no longer be eligible for the special averaging, capital gains and separate tax treatment that may be available under your employer's plan. You agree that you are solely responsible for all tax consequences. You also agree that neither the Custodian nor the Munder Funds shall have responsibility for any such tax consequences or any consequences resulting from this amount being ineligible for rollover. Rules regarding rollovers, and their tax implications, are complex. Please refer to IRS Publication 590 or a professional tax advisor for more information.

I have read this form and understand and agree to be legally bound by the terms of this form. I also understand that the Custodian will rely on my instructions within this form when accepting my rollover contribution.

Participant's Signature

Date

Please mail this form to:

Direct Mail
Munder Funds
P.O. Box 9701
Providence, RI 02940

Overnight Delivery
Munder Funds
4400 Computer Drive
Westborough, MA 01581