

ROLLOVER ALLOCATION FORM

I. Participant Information

Employer Name _____ Home Phone _____
 Participant Name _____ Social Security Number _____
 Address _____ Date of Birth _____
 City, State, Zip _____ Date of Hire _____

II. Deposit Allocation Please only complete either Option A or Option B. I wish to have my rollover deposited:

- According to the current allocation percentages designated within my plan administered by Freedom One Financial Group.
 OR According to the allocation percentages as indicated below.

Option A (Check one) _____	OR	Option B _____	
Income MAP* _____		ABN Amro Income Plus _____	%
Conservative MAP* _____		Dodge & Cox Income _____	%
Moderate MAP* _____		Vanguard Total Bond Index _____	%
Growth MAP* _____		Loomis Sayles Multi-Sector Bond _____	%
Aggressive MAP* _____		T. Rowe Price Equity Income _____	%
		Vanguard 500 Index _____	%
		American Fund Growth Fund of America _____	%
		Fidelity Value _____	%
		Vanguard Mid Cap Index _____	%
		Goldman Sachs Growth Opportunities _____	%
		Keeley Small Cap _____	%
		T. Rowe Price New Horizons _____	%
		Dodge & Cox International Stock _____	%
		American Funds EuroPacific Growth R4 _____	%
		Total _____	100 %

*MAP's may be automatically rebalanced annually.

I understand that by electing to invest 100% in accordance with a MAP, my 401(k) account will be rebalanced on an annual basis, or more often if appropriate, to reflect the allocation percentages within my selected MAP. In addition, I understand that Freedom One Investment Advisors, Inc. may adjust the allocation percentages of the MAP from time to time and my account will be rebalanced to the newly recommended percentages. I understand that each MAP is currently reviewed for adjustments on an annual basis.

I authorize Freedom One Retirement Services, Inc. to direct the custodian of my account to buy and/or sell shares of the recommended mutual funds to effect the rebalancing of my account as described in this paragraph. Amounts I transfer out of my MAP will not be transferred back into my MAP by Freedom One. If I initiate a transfer of any amount out of my MAP that decision will not be reversed by Freedom One when rebalancing my MAP. The amount will remain outside of my MAP, until I initiate a transfer to move the amount back into my MAP. In addition, if I choose to have less than 100% of my investment election directed into a MAP, amounts that are not invested directly into the MAP that I chose will not be moved into the MAP by Freedom One.

I also understand that from time to time a fund may change within the recommended MAP allocation I have selected. Upon such a change, any amount within the replaced fund will be transferred into the new fund and I authorize Freedom One Retirement Services, Inc. to direct the custodian of my account to buy and/or sell shares of the mutual fund approved by my employer or plan trustee in accordance with my select MAP.

III. Authorization

I authorize Freedom One Retirement Services to act on my behalf with respect to accomplishing the transfer of my plan funds from my prior plan to the above referenced plan. To facilitate my transfer, Freedom One Retirement Services is authorized to receive forms and information from my prior employer's plan and answer questions that may be raised by my prior employer's plan trustee or authorized representative.

Participant's Signature _____
Date

IV. Qualified Funds Verification

This money represents qualified employer and salary deferral contributions only. There are no after-tax contributions included.

Prior Plan Trustee _____
Date

V. Check Issue Instructions

Checks should be made payable to: (Plan name) FBO: (Participant). Both the check and this completed form must be mailed to Freedom One Financial Group for processing.

Pre 8/1/05

