Alliance Coal, LLC and Affiliates Profit Sharing and Savings ("Plan")

ROLLOVER

You can rollover your account balance from a previous employer

This form provides you the information needed if you wish to rollover your account balance from a previous employer's qualified plan into this Plan. Here are some important terms:

- Previous Provider - The recordkeeper who ran your previous employer's retirement plan. *(For reference, NestEgg U is the recordkeeper of this Plan.)*
- Plan Administrator - For this Plan, it will be your current employer
- Trustee/Custodian - For this Plan, INTRUST Bank, N.A.
- INTRUST uses the brand NestEgg U as a platform for retirement plans

How to complete a distribution from your previous employer's retirement plan:

Most distributions will follow a standard format and have the same basic processes. The following information is intended as a guide. If you need additional help in completing the process, you should contact your previous employer, your previous provider, or NestEgg U at 1-866-412-9026.

- Begin the process by requesting your distribution from your previous provider. If you are not sure of your previous provider, please contact your previous employer.
- Have your current employer complete page 2 of this packet, the Rollover-Plan Administrator Authorization form. Determine how the previous provider needs the form returned.
- Once the rollover is in process, complete page 3 of this packet, the Rollover - Contribution Information form and return to NestEgg U. When NestEgg U receives the rollover, this form allows us to match the incoming rollover with the correct participant.
- Your distribution and rollover amounts on the Rollover - Contribution Information form will change as the value of your investments may fluctuate between the time you complete the form and the actual distribution. Use a recent statement or your current account balance to complete the form.

Other information you may be asked to provide for a distribution

- Reason for Payment - In most cases, your reason for payment from your previous employer's plan will be separation from service.
- Distribution Election - If you want your entire account balance rolled over to this Plan, select direct rollover.
- Information for your direct rollover - This section may be titled differently on some forms, but generally requires the following information:

Name of retirement plan	Alliance Coal, LLC and Affiliates Profit Sharing and Savings
Name of trustee or custodian	INTRUST Bank, N.A.
Account No.	F/B/O "Your Name"
Address of trustee or custodian	Mid Atlantic Trust Company PO Box 536707 Pittsburgh, PA 15253-5909

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Rollover instructions to be sent by the participant to their previous provider

Participant Information (Please Print)

Name: ______________________ Mobile Device: ______________

Social Security Number: ______________ Employee #: ______________ Birth Date: ______________

Primary E-Mail Address: ______________________

Address: ______________________

City: ______________________ St: ________ Zip: ______________

Participant Information (Please Print)

In order to complete the direct rollover of the participant's vested account balance to INTRUST Bank, N.A. as the Trustee of the Alliance Coal, LLC and Affiliates Profit Sharing and Savings, please mail the check in accordance with the instruction below.

Payee: Mid Atlantic Trust Company
PO Box 536707
Pittsburgh, PA 15253-5909

Ref: Alliance Coal, LLC and Affiliates Profit Sharing and Savings
F/B/O: "Name of the Participant"

Verification of Qualification by Plan Administrator

Alliance Coal, LLC, the Plan administrator of The Plan hereby certifies that the Plan is a qualified retirement savings plan under IRC Section 401(a) and the Plan provides for the receipt of a rollover from another qualified retirement plan.

______________________ ______________

By: Alliance Coal, LLC Date:

The participant should return this form to their previous provider with the completed distribution election form or packet that was obtained from their previous employer or previous provider.

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Rollover Information (Please Print)

Name: ______________________ Mobile Device: ____________

Social Security Number: ____________ Employee #: ____________ Birth Date: ____________

Primary E-Mail Address: ______________________

Net amount of rollover contribution check (estimated): $: ____________

Prior plan or account name: ______________________

This distribution is coming from (choose one of the following):

- ☐ (401(k) plan, 403(b) plan, Profit sharing plan, Gov't 457 plan, Defined benefit plan, ESOP)
- ☐ Traditional IRA, SEP IRA, if applicable
- ☐ Other (Please describe):______________________

Total distribution amount *(estimated)*:: $ ____________

Pre-tax amount $ ____________

Roth 401(k) amount if applicable $ ____________

If Roth 401(k) contributions are being rollover over:

Cost basis of Roth 401(k) contributions $ ____________

Year first Roth 401(k) contribution made ____________

Please acknowledge each of the following paragraphs by initialing in the space provided:

______ No part of my proposed rollover contribution is due to a required distribution (generally, a distribution required by law because you are 70 ½ or from a beneficiary IRA.)

______ If the distribution of pre-tax contributions was made to me directly, I state that I was entitled to the distribution as a plan participant, the distribution is not one of a series of periodic payments, the distribution was not received more than 60 days before the date of this rollover contribution, and the entire amount being rolled over would be includible in my income if it were not being rolled over. I agree to submit all information necessary for the plan administrator of this plan to determine whether I can make this rollover contribution. Roth 401(k) contributions rolled over must be a trustee to trustee transfer.

______ I understand that the Plan administrator may, in the Plan administrator's sole discretion, determine whether I can make a rollover contribution and as a condition of accepting my rollover contribution, the Plan Administrator may require certain documents or additional supporting data which I agree to promptly furnish upon request.

______ My signature on this form signifies that I have read and understood all parts of this form and that the information I have provided is true and correct.

Signature: ______________________ Date: ____________

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This form is optional. If you do not complete this form your rollover contribution will be invested the same as your current investment elections (and that's OK). Only complete this form if you wish to have your rollover contribution invested differently from your regular Plan contributions. Completing this form WILL NOT change your investment elections you have set up for regular Plan contributions.

Optional Rollover Investment Election (Please Print)

Name: ____________________ Mobile Device: ____________

Social Security Number: ____________ Employee #: ____________ Birth Date: ____________

Primary E-Mail Address: ____________________

Choose Your Investments. Indicate investment elections in whole percentages only. If your elections are not in whole percentages, do not add up to 100%, or are illegible, your contributions will be invested in the same manner as your current investment elections.

Ticker Symbol	Fund Choice	Investment Elections
	JPMCB SmartRetirement Passive Blend 2060	
	JPMCB SmartRetirement Passive Blend 2055	
	JPMCB SmartRetirement Passive Blend 2050	
	JPMCB SmartRetirement Passive Blend 2045	
	JPMCB SmartRetirement Passive Blend 2040	
	JPMCB SmartRetirement Passive Blend 2035	
	JPMCB SmartRetirement Passive Blend 2030	
	JPMCB SmartRetirement Passive Blend 2025	
	JPMCB SmartRetirement Passive Blend 2020	
	JPMCB SmartRetirement Passive Blend Inc	
	Devon Energy Corporation	
ODVIX	Invesco Developing Markets	
ODVYX	Invesco Developing Markets	
FKSCX	Franklin Intl Small Cap Growth	
HAINX	Harbor International	
RERGX	American Funds EuroPacific Growth	
VTIAX	Vanguard Total International Stock Index	
VTSNX	Vanguard Total International Stock Index	
TROIX	T. Rowe Price Overseas Stock	
QUAZX	AB Small Cap Growth	
VSMAX	Vanguard Small Cap Index	
AVFIX	American Beacon Small Cap Value	
VMGMX	Vanguard Mid Cap Growth	
VIMAX	Vanguard Mid Cap Index	
VMCIX	Vanguard Mid-Cap Index	
VMVAX	Vanguard Mid Cap Value Index	
MFEKX	MFS Growth	
POGRX	PRIMECAP Odyssey Growth	
VFIAX	Vanguard 500 Index	
VINIX	Vanguard Institutional Index	
DODGX	Dodge & Cox Stock	
WMCIX	William Blair Macro Allocation	
MWTRX	Metropolitan West Total Return Bond	
MWTSX	Metropolitan West Total Return Bond	
VBTIX	Vanguard Total Bond Market	
VBTLX	Vanguard Total Bond Market Index	
AIADX	American Century Inflation-Adjs Bond	
AIANX	American Century Inflat-Adj Bond	
	Morley Stable Value	

Signature: ______________________________ Date: ______________

Please return this form to your Plan Administrator at: Alliance Coal, LLC, PO Box 22027, Tulsa OK 74121