

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:

<i>Name of retirement plan</i>	Alliance Coal, LLC and Affiliates Profit Sharing and Savings
<i>Name of trustee or custodian</i>	INTRUST Bank, N.A.
<i>Account No.</i>	F/B/O "Your Name"
<i>OBI</i>	#N0000343#
<i>Address of trustee or custodian</i>	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.

Failure to include all information below in the Payee section of the check may delay processing of your rollover.

Payee: Mid Atlantic Trust Company #N0000343#
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
RFUTX	American Funds 2060 Target Date Retire	
RFKTX	American Funds 2055 Target Date Retire	
RFITX	American Funds 2050 Target Date Retire	
RFHTX	American Funds 2045 Target Date Retire	
RF GTX	American Funds 2040 Target Date Retire	
RFETX	American Funds 2035 Target Date Retire	
RFETX	American Funds 2030 Target Date Retire	
RFDTX	American Funds 2025 Target Date Retire	
RRCTX	American Funds 2020 Target Date Retire	
RFJTX	American Funds 2015 Target Date Retire	
FPADX	Fidelity Emerging Markets	
REGRX	American Funds EuroPacific Growth	
VTSNX	Vanquard Total International Stock Index	
TROIX	T. Rowe Price Overseas Stock	
QUAZX	AB Small Cap Growth	
VSMAX	Vanquard Small Cap Index	
DFEVX	DFA U.S. Targeted Value Portfolio	
VMGMX	Vanquard Mid Cap Growth	
VMCIX	Vanquard Mid-Cap Indx	
VMVAX	Vanquard Mid Cap Value Index	
MFEKX	MFS Growth	
VINIX	Vanquard Institutional Index	
DOXGX	Dodge & Cox Stock	
MWTSX	Metropolitan West Total Return Bond	
VB TIX	Vanquard Total Bond Market	
AIADX	American Century Inflation-Adjs Bond	
	Morley Stable Value	

Signature: _____ Date: _____

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