



Incoming Direct Rollover Election

Do not complete the Investment Option Information portion of this form if you elected to have your account professionally managed by Advised Assets Group, LLC ("AAG"). If you have not yet elected to have your account professionally managed by AAG and would like to enroll in the Managed Accounts Service, call 1-866-258-4777.

Cincinnati Financial Corporation Tax-Qualified Savings Plan

453050-01

Participant Information

Last Name			First Name			MI			Social Security Number								
Address - Number & Street												E-Mail Address					
City				State		Zip Code				Mo		Day		Year			
()												Date of Birth					
Daytime Phone																	

Direct Rollover Information

Current Plan Administrator must authorize by signing in the Required Signatures section.

I am choosing a:

- Direct rollover from a:
 - Qualified 401(a) plan (Profit Sharing, ESOP or Money Purchase)
 - Qualified 401(k) plan
 - Traditional IRA
 - 403(a) plan
 - 403(b) plan

Previous Provider Information:

Company Name						Account Number											
Mailing Address												()					
City/State/Zip Code												Phone Number					

Previous provider must complete:

Employer/employee before-tax contributions and earnings: \$ _____

After-tax contributions, if any: \$ _____

Note: Unless otherwise indicated, all amounts received will be considered employee before-tax contributions and earnings.

Amount of Direct Rollover: \$ _____ (Enter approximate amount if exact amount is not known.)



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Investment Option Information - Please refer to your marketing communication materials for investment option designations.

I understand that funds may impose redemption fees on certain transfers, redemptions or exchanges if assets are held less than the period stated in the fund's prospectus or other disclosure documents. I will refer to the fund's prospectus and/or disclosure documents for more information.

Select either existing ongoing allocations (A) or your own investment options (B).

(A) Existing Ongoing Allocations

I wish to allocate this rollover the same as my existing ongoing allocations.

(B) Select Your Own Investment Options

Please Note: For automatic dollar-cost averaging, access our Web site after funds have been received.

<u>Investment Option Name</u>	<u>Investment Option Code</u>	%	<u>Investment Option Name</u>	<u>Investment Option Code</u>	%
Artisan International.....	ARTIX	_____	Fifth Third LifeModel Aggressive - Instl.....	LASIX	_____
Dodge & Cox International Stock Fund-A.....	DODFX	_____	T. Rowe Price Equity Income Fund.....	TR-EIF	_____
Allianz NFJ Small Cap Value Fund Instl.....	PSVIX	_____	T. Rowe Price Growth Stock.....	PRGFX	_____
Dreyfus Small Cap Stock Index Fund.....	DISSX	_____	Fifth Third LifeModel Conservative Instl.....	LCVIX	_____
Royce Premier Fund.....	RYPRX	_____	Fifth Third LifeModel Mod Agg Instl.....	LMAIX	_____
T. Rowe Price New Horizon.....	TR-NHR	_____	Fifth Third LifeModel Mod Cons Instl.....	LIMVX	_____
Federated Mid Cap Index IS.....	FMDCX	_____	Fifth Third LifeModel Moderate Instl.....	LMDIX	_____
Goldman Sachs Mid Value Fund - A.....	GCMAX	_____	Fifth Third Total Return Bond Instl.....	KNIIX	_____
Touchstone Mid Cap Growth -A.....	TEGAX	_____	Goldman Sachs Core Fixed-Inc Instl.....	GSFIX	_____
American Funds Growth Fund of America R3....	RGACX	_____	Fifth Third Stable Value Fund (C).....	53CS40	_____
Davis New York Venture Fund - A.....	DV-NYV	_____	Cincinnati Financial Stock Fund.....	53FCF	_____
Dodge & Cox Stock Fund.....	DC-SF	_____	MUST INDICATE WHOLE PERCENTAGES		= 100%
Fifth Third Equity Index Fund - Instl.....	KNIEX	_____			

Participant Acknowledgements

Advised Assets Group, LLC - If I have elected to have my account professionally managed by Advised Assets Group, LLC and this form is submitted, my election to have my account professionally managed will override the investment allocation requested on this form until such time as I revoke or amend my election to have my account professionally managed.

General Information - I understand that only certain types of distributions are eligible for rollover treatment and that it is solely my responsibility to ensure such eligibility. By signing below, I affirm that the funds I am rolling over are in fact eligible for such treatment.

I authorize these funds to be rolled over into my employer's Plan and to be invested according to the information specified in the Investment Option Information section.

If the investment option information is missing or incomplete, I authorize Service Center to allocate the direct rollover assets ("assets") the same as my ongoing contributions (if I have an account established) or to the default investment option selected by my Plan (if I do not have an account established). If no default investment option is selected, the funds will be returned to the payor as required by law. If my assets are received more than 180 calendar days after Service Center receives this Incoming Direct Rollover Election form (this "form"), I authorize Service Center to allocate all monies received the same as my ongoing allocation election on file with Service Center. I understand I must call 1-866-258-4777 or access the Web site in order to make changes or transfer monies from the default investment option. The funds will be invested on the day this completed form and the funds are received, so long as they were received prior to the close of the New York Stock Exchange. If this form and the funds are received after close of the New York Stock Exchange, I understand that my request will be processed on the next business day. I understand that this completed form must be received by Service Center at the address below.

I understand that the current Custodian/Provider may require that I furnish additional information before processing the transaction requested on this form, and Service Center is not responsible for determining the status of any transaction that I have requested. It is entirely my responsibility to provide the current Custodian/Provider with any information that they may require, and/or to notify Service Center of any information that the current Custodian/Provider may wish to obtain in order to effect the transaction.

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Withdrawal Restrictions - I understand that the Internal Revenue Code and/or my employer's Plan Document may impose restrictions on direct rollovers and/or distributions. I understand that I must contact the Plan Administrator, if applicable, to determine when and/or under what circumstances I am eligible to receive distributions or make direct rollovers.

Investment Options - I understand that by signing and submitting this form for processing, I am requesting to have investment options established under the Plan as specified on the first page of this form. I understand and agree that this account is subject to the terms of the Plan Document. I understand and acknowledge that all payments and account values, when based on the experience of the investment options, may not be guaranteed and may fluctuate, and, upon redemption, shares may be worth more or less than their original cost. I acknowledge that investment option information, including prospectuses, disclosure documents and Fund Profile sheets, have been made available to me and I understand the risks of investing.

Account Corrections - I understand that it is my obligation to review all confirmations and quarterly statements for discrepancies or errors. Corrections will be made only for errors which I communicate within 90 calendar days of the last calendar quarter. After this 90 days, account information shall be deemed accurate and acceptable to me. If I notify Service Center of an error after this 90 days, the correction will only be processed from the date of notification forward and not on a retroactive basis.

Payment Instructions

Make check payable to:
Fifth Third Bank

Include the following information on the check:
Participant Name, Social Security Number,
Plan Number, Plan Name

Wire instructions:

Account of: Fifth Third Bank
Bank: Fifth Third Bank
Account no: 99279442
Routing transit no: 042000314
Attention: Financial Control
Reference: Participant Name, Social Security Number,
Plan Number, Plan Name

**Regular mail address for the
check and form (if mailed together):**
Fifth Third Bank
Dept. 634406
Cincinnati, OH 45263-4406

**Overnight mail address for the
check and form (if mailed together):**
Fifth Third Bank
5050 Kingsley Drive MD #1MOC1Q
Lockbox #634406
Cincinnati, OH 45263
Contact: Fifth Third Bank Retirement Services
Phone: 1-866-258-4777

If sending the "form" only, please fax to 1-866-745-5766 or follow mailing instructions above. Please remember that this form needs to arrive prior to or at the same time the funds arrive to invest according to the allocations on this form.

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_____	_____	_____	_____
Last Name	First Name	MI	Social Security Number

Required Signatures - My signature indicates that I have read, understand the effect of my election and agree to all pages of this Incoming Direct Rollover Election form. I affirm that all information provided is true and correct. I understand that Service Center is required to comply with the regulations and requirements of the Office of Foreign Assets Control, Department of the Treasury ("OFAC"). As a result, Service Center cannot conduct business with persons in a blocked country or any person designated by OFAC as a specially designated national or blocked person. For more information, please access the OFAC Web site at: <http://www.ustreas.gov/offices/eotffc/ofac>.

Participant Signature _____
Date

The transaction you are authorizing may require the purchase or sale of an investment option that may currently be restricted under Sections 16(b) and/or 10b-5 of the Securities Exchange Act of 1934. By signing this form, you are certifying that you have determined that this transaction is not a restricted or prohibited transaction under Sections 16(b) and/or 10b-5 of the Securities Exchange Act and any related Securities Regulations, and you are requesting that Service Center process this transaction accordingly. I acknowledge and agree that the Plan Administrator for the Previous Employer's Plan is released from and the Plan Administrator for the Current Employer's Plan shall assume all obligations associated with any amounts transferred under this Incoming Direct Rollover Election form.

Authorized Plan Administrator Signature _____
Date
For Current Employer's Plan

Participant forward to Plan Administrator/Trustee
Plan Administrator forward or fax as shown above
in the Payment Instructions section