THE REED ELSEVIER US SALARY INVESTMENT PLAN

Instructions for ROTH 401(k) Rollover Contributions

Please complete the attached **Roth 401(k) Rollover Contribution Form** noting the requirements listed below:

- Rollover checks must be received by ING within 55 days of the date of the original check
- Your Rollover Check must be a certified check or a direct check from the prior trustee.
- Your Rollover Check must be accompanied by a copy of your *Tax Distribution Statement from your Former Plan.
- Shares of stock will **NOT** be accepted.
- After-tax money will **NOT** be accepted
- Documentation providing the starting date of your Roth contributions.
- Documentation providing the dollar amount of the total Roth contributions.
- Your Rollover Check must be made payable to:

Reed Elsevier US Salary Investment Plan **F/B/O (Your Full Name)

^{*} Your Tax Distribution Statement is the statement that you received from your Former Plan at the same time you received your Rollover Check.

^{**} F/B/O means "For Benefit Of"

THE REED ELSEVIER US SALARY INVESTMENT PLAN

Roth 401(k) Rollover Contribution Form

Instructions

Complete this Roth 401(k) Rollover Contribution Form and ...

· Your Tax Distribution Statement from Your Former Plan, documentation of the total Roth contributions and documentation providing the starting date of your Roth contributions · Your Roth 401(k) Rollover Check Payable to Reed Elsevier US Salary Investment Plan. F/B/O (Your Full name) · ING, Reed Elsevier Plan Administration, PO Box 5166, Boston, MA 02206 For Overnight Delivery: ING, Reed Elsevier Plan Administration, 1 Heritage Drive, N. Quincy, Mass. 02171 Section 1: Participant Information to be completed by ALL participants. Name Last, First MI Social Security Number Address Daytime Phone Number City State Zip Code I hereby elect to make a Roth 401(k) rollover contribution to the Reed Elsevier US Salary Investment Plan in the amount of \$_ (and/or) I hereby elect to make a Roth rollover contribution to the Reed Elsevier US Salary Investment Plan in the amount of \$______. As evidenced by the attached documentation, this amount does not exceed the taxable amount which I received from (NAME OF QUALIFIED PLAN). Section 2A: Roth 401(k) Rollover Investment Elections SSgA Yield Enhanced (YES)Fund (10) % SSgA Bond Market Index Fund (12) SSgA Target Retirement Income Fund (13) SSgA Target Retirement 2010 Fund (14) SSgA Target Retirement 2015 Fund (15) % SSgA Target Retirement 2020 Fund (16) SSgA Target Retirement 2025 Fund (17) SSgA Target Retirement 2030 Fund (18) % SSgA Target Retirement 2035 Fund (19) % SSgA Target Retirement 2040 Fund (21) % SSgA Target Retirement 2045 Fund (22) % SSgA Target Retirement 2050 Fund (24) Dodge & Cox International Fund (23) % SSgA S&P 500 Index Fund(25) % Domini Social Equity Fund (26) % SSgA Russell 2000 Index Fund (35) Hartford Midcap HLS Fund (41)_ % Smith Barney Large Cap Growth (42) % American Funds Fundamental Investors Fund (45) % SSgA Emerging Markets Fund (50) % Hartford Small Company HLS Fund (65) % SSgA Daily EAFE (68)% American Funds New Perspective (70) % 100% I hereby direct that this rollover contribution be invested in the SIP Core Funds as designated above. EMPLOYEE'S SIGNATURE:

DATE: _____

Section 3: To be completed by ALL participants.

I have attached the <u>Tax Distribution Statement</u> from my Former Plan and my certified check and/or my Rollover Check from my Former Plan. The check(s) are made payable to:

Reed Elsevier US Salary Investment Plan F/B/O (Your Fund Name)

I hereby certify that all of the assets to be invested as specified above are qualified monies and are	eligible for rollover into the Reed Elsevier US
Salary Investment Plan. I understand that the Plan will not be held responsible for any tax penaltie	s that may occur due to an incomplete submission.
EMPLOYEE'S SIGNATURE:	DATE: