

# 403(b) Account Exchange/Transfer Request

Complete this form to transfer funds into your Employer's Retirement Plan. Please note that money received as a transfer/rollover will be invested into your account in accordance with your investment instructions in effect at that time. The completed form, including the Employer/Administrator signature, should be mailed to the address on the bottom of the form for processing. Please attach a copy of a recent account statement. Please contact your Employer or the resigning Insurance Company/Custodian for additional forms or requirements prior to submitting this form.

- Indicate the type request:  **403(b) Contract Exchange (Change of 403(b) Investment Vendor)**  
 **Direct rollover from a governmental 457(b), IRA or other qualified plans**  
 **Plan-to-Plan Transfer (Change of Employer)**

## STEP 1 Participant Information

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	Last Name	M.I.
<input type="text"/>		<input type="text"/>
Address (Street Address only. P.O.-Boxes not accepted)		Apartment/Suite
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone Number	Email Address	Social Security Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Current Employer Name		Current Employer Phone Number
<b>PLAN-TO-PLAN TRANSFERS ONLY</b>		
<input type="text"/>		<input type="text"/>
Former Employer Name		Former Employer Phone Number

## STEP 2 Current Account & Exchange/Transfer Information

Please verify the exchange/transfer policy of the sending institution. If necessary, obtain the sending institution's exchange/transfer paperwork.

Please attach a copy of a recent account statement. The assets rolled over or exchanged into this plan result from a exchange/transfer from a:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> IRA (pre-tax contributions only) | <input type="checkbox"/> 401(k) Qualified Plan (pre-tax contributions) | <input type="checkbox"/> 403(b) pre-tax           |
| <input type="checkbox"/> SIMPLE IRA                       | <input type="checkbox"/> Roth 401(k) Contributions                     | <input type="checkbox"/> 403(b) Roth              |
| <input type="checkbox"/> SEP or SAR-SEP                   | <input type="checkbox"/> Governmental 457 Plan                         | <input type="checkbox"/> Qualified Plan after-tax |

<input type="text"/>	<input type="text"/>
Name of Insurance Company or Present Custodian (where funds were held)	Contract/Account Number
<input type="text"/>	<input type="text"/>
Mailing Address	Dept.
<input type="text"/>	<input type="text"/>
City, State Zip	Phone Number

## STEP 3 Exchange/Transfer Instructions (Instructions to Current Insurance Company or Custodian)

By this Agreement, I direct the Insurance Company/Custodian to transfer/rollover the cash surrender value/asset value of my tax-sheltered annuity contract/403(b)(7) custodial account as indicated below.

- Transfer all of the assets in kind into my existing 403(b) FundSource custodial account. (transfer-in-kind may be subject to fund availability)

Please initial to acknowledge the following statements:

\_\_\_\_\_ I acknowledge that shares on the 403b ASP platform will be held at the plan level and are not eligible for aggregation with my personal and/or individual assets for breakpoint purposes.

\_\_\_\_\_ I acknowledge that in addition to the annual fee assessed by 403b ASP, I will be charged an additional maintenance expense of the 10 basis points (.10%) annually.

Quantity	Cusip/Symbol (Required)	Fund Account Number	Transfer In Kind
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- Penalty Free Amount: Liquidate and transfer the value of my tax-sheltered annuity contract/403(b)(7) custodial account which is not subject to surrender or CDSC charges.\*
- \$ \_\_\_\_\_ of the cash surrender value/asset value of my tax-sheltered annuity contract/403(b)(7) custodial account.\*
- \_\_\_\_\_ % of the cash surrender value/asset value of my tax-sheltered annuity contract/403(b)(7) custodial account.\*

\*Liquidated/Cash transfers will be invested as per my current investment elections.

Surrendering firm mailing instructions:



<b>Make Checks Payable to:</b>	<b>Mail Checks to:</b>
MG Trust Company FBO: (Participant Name)	403(b) ASP ATTN: Exchange/Transfer 5310 Cypress Center Drive Cypress Center II, Suite 101 Tampa, FL 33609

**STEP 4** Signature & Acceptance

**PARTICIPANT SECTION**

I wish to transfer the above mentioned account/contract to a 403(b) Plan Account offered by 403(b) ASP with MG Trust Company serving as custodian. I understand that I may deposit only retirement funds that are allowed under my current Employer's Plan. I have verified with my current Employer that these funds can be deposited according to the Plan Provisions. **By signing below I declare this information is correct.**

▶ PARTICIPANT SIGNATURE  --  
Date (month | day | year)

Signature Guarantee: The existing 403(b) account provider may require a signature guarantee of the Participant. To obtain a signature guarantee, the Participant must sign this form and have it signature guaranteed. A notarization from a notary public does not meet signature guarantee requirements.

▶ AUTHORIZED SIGNATURE (STAMP AND TITLE)  --  
Date (month | day | year)

**SPONSOR SECTION**

Based on the information above, this rollover, transfer or exchange contribution is acceptable according to the plan provisions. The Custodian named above is hereby directed to accept this rollover contribution.

▶ EMPLOYER/PLAN ADMINISTRATOR SIGNATURE  --  
Date (month | day | year)

Signature Guarantee: The existing 403(b) account provider may require a signature guarantee of the Sponsor. To obtain a signature guarantee, the Sponsor must sign this form and have it signature guaranteed. A notarization from a notary public does not meet signature guarantee requirements.

▶ AUTHORIZED SIGNATURE (STAMP AND TITLE)  --  
Date (month | day | year)

**BROKER/DEALER SECTION**

Financial Advisor Name  Phone Number  Email

Broker Dealer Firm  FA Number  Branch Number

Branch Address  Suite/Bldg.

City  State  Zip

**FOR ADMINISTRATOR INVESTMENT VENDOR USE ONLY**

403(b) ASP or it's designee, has established an account for which MG Trust Company, LLC. will serve as custodian and will accept the transfer as described in STEP 3 - Transfer Instructions.

▶ AUTHORIZED SIGNATURE 403(b) ASP/MG Trust Company  --  
Date (month | day | year)

Please mail the completed form and all required supporting documents to:  
403b ASP  
ATTN: Exchange/Transfer Dept.  
5310 Cypress Center Dr., Cypress Center II, Suite 101  
Tampa, FL 33609.