

403(b) Contract Exchange Form

(Employer/Plan Name)

1. EMPLOYEE/PARTICIPANT INFORMATION

First Name:	M.I.	Last Name:
Social Security Number:	Birth Date:	Hire Date:
Address:		
Phone Number:	Email:	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married

2. CONTRACT EXCHANGE

A contract exchange occurs when an individual chooses to reduce the balance of or close an annuity contract or custodial account made available under the Employer's 403(b) Plan ("403(b) Plan") and transfer the funds to another investment product(s) and/or investment provider(s) available under the 403(b) Plan.

I request to transfer the funds held in the annuity contract(s) / custodial account(s) indicated below to the annuity contract(s)/custodial account(s) also indicated below. I understand and acknowledge that the completion of additional forms from my investment provider(s) (both current and new, if applicable) will be required to complete the requested contract exchange(s). I understand and agree that the involvement of a third party administrator in this transaction is limited to this authorization to the investment provider(s) that such requested contract exchange(s) is permissible under the terms of the 403(b) Plan. I understand and agree that the requested contract exchange(s) is subject to the terms of the 403(b) Plan and my current and new annuity contract(s) / custodial account(s). I further understand and agree that this contract exchange request is not a change in investment selection for my future contributions under the 403(b) Plan and that I must complete a new salary reduction agreement in order to initiate an investment selection change for future contributions under the 403(b) Plan.

3. EXCHANGE INSTRUCTIONS

TRANSFER FROM:

Investment Vendor Name(s)	Account/Policy #	Exchange Amount in Dollars
_____	_____	\$ _____
_____	_____	\$ _____

TRANSFER TO:

Investment Vendor Name(s)	Account/Policy #	Exchange Amount in Dollars
_____	_____	\$ _____
_____	_____	\$ _____

4. SIGNATURES & AUTHORIZATIONS

Employee Signature

Date

TO BE COMPLETED BY THE EMPLOYER/ THIRD PARTY ADMINISTRATOR

Exchanged Approved Exchanged Declined (reason) _____

Employer/Third Party Administrator for the above referenced 403(b) Plan, approves or declines the above requested contract exchange based on whether it satisfies the terms of the 403(b) Plan and Internal Revenue Code § 403(b) statutory and regulatory requirements and terms of the Written Plan Document.

Employer/Third Party Administrator Signature

Date

Print Name

Title