

403(b) Plan-to-Plan Transfer 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. PLAN-TO-PLAN TRANSFER

A plan-to-plan transfer occurs when an individual chooses to transfer the balance of annuity contract(s) or custodial account(s) made available under the Employer's 403(b) Plan ("403(b) Plan") to a state retirement plan to purchase permissive service credits or make a repayment or to another employer's 403(b) plan as a result of the consolidation, split or other change involving the Employer.

I request to transfer the funds held in the annuity contract(s) / custodial account(s) held under the Employer's 403(b) Plan ("403(b) Plan") indicated below to the state retirement or 403(b) plan (and annuity contract(s) / custodial account(s) (if applicable)) indicated below in a plan-to-plan transfer made for the following reasons:

- Purchase of permissive service credits Repayment to state retirement plan
 Consolidation of Employer Split of Employer Other: _____

I understand and acknowledge that the completion of additional forms from my current investment provider(s) and the recipient state retirement or 403(b) plan (and investment providers, if applicable) will be required to complete the requested plan-to-plan transfer. 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 plan-to-plan transfer is permissible under the terms of the 403(b) Plan. I understand and agree that the requested plan-to-plan transfer is subject to the terms of my current annuity contract(s) / custodial account(s) and the recipient state retirement plan or 403(b) plan (and its available annuity contract(s) / custodial account(s)). I further understand and agree that this plan-to-plan transfer request is not a change in investment selection for my future contributions under the 403(b) Plan or the 403(b) plan receiving the requested plan transfer 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 or the 403(b) plan receiving the requested plan transfer.

3. PLAN-TO-PLAN 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 Plan-to-Plan transfer 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