

403(b) Rollover Request 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. ROLLOVER INSTRUCTIONS

I request to rollover or directly transfer my distribution from the following Plan:

_____ sponsored by _____
Plan Name Employer Name

into my current Employer's 403(b) Plan ("403(b) Plan"). Attached is a letter from the Sponsor of the prior Plan which will distribute these funds. The letter verifies the type of Plan from which these funds will be distributed and certifies that the prior Plan satisfies all applicable tax qualification / tax deferral requirements.

DISTRIBUTE FROM:

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

DEPOSIT TO:

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

I certify that the funds to be transferred include only employer or employee pre-tax salary reduction / elective deferral contributions, unless I have attached my latest plan account statement or other document indicating the amount of Roth salary reduction/ elective deferral included in my prior plan account. I understand and agree that, if any funds to be transferred include Roth salary reduction/ elective deferral amounts, such Roth funds must be segregated from all other funds held in my prior plan account in order for them to be considered for transfer. I understand and agree that acceptance of any funds from my prior plan account into the 403(b) Plan is subject to the written terms of the 403(b) Plan. I understand and acknowledge that additional forms may need to be completed in order to distribute these funds from my prior plan and to deposit these funds in the investment(s) that I have selected under the 403(b) Plan and that the requested rollover is subject to the terms of my prior plan and the annuity contract(s) / custodial account(s) that I have selected under the 403(b) Plan.

I certify that I am rolling over or transferring this distribution to the 403(b) Plan within 60 days of the date that this distribution was made from my prior plan account. I further certify that this distribution is made from a plan qualified under Internal Revenue Code section ("§") 401(a), a § 403(a) annuity plan, a § 403(b) tax-sheltered annuity program, an eligible § 457(b) plan maintained by a governmental employer or an individual retirement plan ("IRA") that holds only funds rolled over or transferred from such plans.

I understand and acknowledge that these funds, once deposited in the investment(s) I have selected under the 403(b) Plan, will be subject to all provisions of such 403(b) Plan. Further, I understand and acknowledge that these funds will be subject to the distribution restrictions of such 403(b) Plan, which may restrict distribution to the earlier of my severance from employment with my current employer, death, disability, hardship (if applicable) or attainment of age 59-1/2.

3. SIGNATURES & AUTHORIZATIONS

Employee Signature

Date

TO BE COMPLETED BY THE EMPLOYER/ THIRD PARTY ADMINISTRATOR

Rollover Approved Rollover Declined (reason) _____

Employer/Third Party Administrator for the above referenced 403(b) Plan, approves or declines the above requested rollover request 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