

403(b) In-Kind Direct Rollover Request Form

This form may be used if you are eligible to receive a distribution of your pre-tax (non-Roth) and/or Roth assets from the employer's plan and you wish to directly roll over your current investments into an IRA. Please be advised that no handwritten notes or instructions will be accepted or considered when this form is processed. Contact your plan administrator if you have any questions.

RECIPIENT INFORMATION

Social Security Number _____

First Name _____ Last Name _____

Email Address _____

Married Not Married

NOTE: Your rollover distribution will be paid by check and will be mailed via regular mail to your current address on file. If your address has changed, please contact your plan administrator or complete and provide the Change of Contact Information Form that is included with this form. Please see the Recipient Information section of the instructions to this form for more information.

REASON FOR DIRECT ROLLOVER

I wish to request a distribution due to: (select one)

Severance From Service Attainment of Age 59½ QDRO Death

If you selected severance from service, attainment of age 59½ or QDRO as the reason for the direct rollover, you may skip the remainder of this section. If you selected death as the reason for the direct rollover, please review and complete the following, if applicable.

I am the spouse of the participant.

I am a nonspouse beneficiary of the participant.

ROLLOVER INSTRUCTIONS

I wish to: (select one)

- Roll over my entire vested account balance to the IRA identified below.
- Roll over \$_____ of my vested account balance to the IRA identified below.
- Roll over my entire vested account balance to the inherited IRA specified below. Establish a new inherited Traditional and/or Roth IRA to receive my rollover. (If applicable, please complete the attached IRA application(s) to establish the inherited IRA(s).)

DIRECT ROLLOVER INFORMATION FOR PRE-TAX (NON-ROTH) ASSETS

COMPLETE THIS SECTION TO ROLL OVER PRE-TAX (NON-ROTH) ASSETS ONLY.

I wish to directly roll over my distribution to the following IRA(s). (Select from the listed types of IRAs and complete the financial organization information below. A nonspouse beneficiary may only roll over the distribution to an inherited IRA. If your distribution contains Roth elective deferrals and you wish to roll them over to a Roth IRA, you must specify rollover information in the Direct Rollover Information for Roth Assets section below. If you are rolling over to more than one type of plan or IRA, specify the percentage of the amount to be rolled over into each account. The rollover percentages must total 100%.)

Financial Organization Name and Address	Financial Organization Name and Address
<input type="checkbox"/> Traditional IRA <input type="checkbox"/> Roth IRA <input type="checkbox"/> SIMPLE IRA <input type="checkbox"/> Inherited Traditional IRA Account Number _____ Rollover Amount _____%	<input type="checkbox"/> Traditional IRA <input type="checkbox"/> Roth IRA <input type="checkbox"/> SIMPLE IRA <input type="checkbox"/> Inherited Roth IRA Account Number _____ Rollover Amount _____%

(If applicable, please complete the attached IRA application to establish the IRA.)

NOTE: A rollover to a Roth IRA will result in all pre-tax assets you roll over being included in your taxable income.

DIRECT ROLLOVER INFORMATION FOR ROTH ASSETS

COMPLETE THIS SECTION TO ROLL OVER ROTH ASSETS ONLY.

I wish to directly roll over my Roth elective deferrals and their earnings to the following plan and/or Roth IRA. (Complete the financial organization information below.)

Financial Organization Name and Address
<input type="checkbox"/> Roth IRA <input type="checkbox"/> Inherited Roth IRA <input type="checkbox"/> Account Number _____

AUTHORIZATION

I certify that I have read, understand and agree with the information provided in the instructions to this form. I acknowledge that I have timely received a written explanation of the optional forms of benefit payments and have received, if applicable, my spouse's consent to take a distribution. I understand that I have 30 days to decide on my rollover and/or distribution payment options and I elect to waive the 30-day period. I certify that the rollover amount specified above qualifies as a rollover contribution and I irrevocably designate such amount as a rollover contribution. Furthermore, I certify that I have either established an IRA with the IRA provider or have completed and submitted the attached IRA application to the IRA provider. Finally, I certify that I have consulted with the IRA provider and understand the investment alternatives available through the IRA and the process of rolling over the assets from the plan to the IRA. I understand there may be a distribution fee charged against my account for this transaction and have been advised to contact the plan administrator for a description of any applicable fees. I instruct the plan administrator to authorize this distribution from the plan as soon as administratively possible.

Name of Participant/Beneficiary/Alternate Payee _____

Signature of Participant/Beneficiary/Alternate Payee _____ Date _____

Authorized Plan Representative Use Only

Complete the information below that corresponds with the direct rollover reason specified above by the recipient.

Severance From Service

Date of Severance From Service: _____

Reason for Severance From Service:

- Termination of Employment Attainment of Normal Retirement Age Disability

QDRO

Valuation Date: _____

Alternate Payee Account Percentage: _____%

Death

Date of Death: _____

If the participant named multiple primary beneficiaries, the percent of the account to which the beneficiary (recipient) listed above is entitled to is _____%. *(If left blank, the rollover will be processed assuming the beneficiary is entitled to 100% of the account.)*

Name of Authorized Plan Representative _____

Signature of Authorized Plan Representative _____ Date _____

NOTE: To process this request in the most efficient manner, please utilize the website at <https://www.sponsorinsight.com>

FORM SUBMISSION INSTRUCTIONS

Please forward this completed 403(b) In-Kind Direct Rollover Request Form to your plan administrator for approval. Once approved, please email the fully executed form to: requests@ascensus.com.

Please be advised that all forms are processed in the order received. Incomplete or inconsistent information on the form may delay processing of your request.