

Please note before you complete this form: If you do not have a current 403(b) account with us, you also must complete a 403(b) Enrollment Application prior to requesting a contract exchange/transfer.

To process an exchange/transfer, it is important to adhere to the procedures listed below:

STEP 1

Participant & Employer Information: ALL information is required. Indicate the Plan type: ORP or TSA.

STEP 2

Current Account & Exchange/Transfer Information: ALL information is required. Required Documents include:

- **Account Statement** – Please provide a copy of your current account statement.
- **Surrendering Vendor Form (if applicable)** – Please verify the exchange/transfer policy with the sending institution and obtain any necessary distribution forms. Generally, the account holder must call the surrendering vendor to obtain the proper information and/or forms.

STEP 3

Exchange/Transfer Instructions: Please indicate the method of exchange/transfer – select only one method. Select among the first three boxes for the appropriate liquidation request. **Note – Select the fourth box for In-Kind requests. If necessary attach additional documentation.**

STEP 4

Signature & Acceptance: Signatures are REQUIRED for the following:

- Participant
- Employer/Plan Administrator

The existing 403(b) account provider may require a Signature Guarantee of the Participant.

Your Financial Advisor should complete the Financial Advisor Section completely.

Please check with resigning Trustee or Custodian if originals are required. PTC will sign and mail the form along with Acceptance Letter to the address on Step 2.

Email, fax or mail transfer form and all required supporting documents to:

<p>EMAIL: 403b-Ops@pentegra.com <i>* Password-protect file or send via secure site</i></p>	<p>FAX: ATTN: 403(b) Services 914.821.9582</p>	<p>Regular Mail or Overnight Delivery: Pentegra Trust Company c/o Pentegra Retirement Services ATTN: 403(b) Services 701 Westchester Ave, Suite 320E White Plains, NY 10604</p>
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For Client Services, please contact 866.634.5873.

Thank you,

Pentegra Trust Company

This form is used to move the assets held by a Custodian of a previous plan to Pentegra Trust Company "PTC", Custodian. This transfer request will be processed immediately and mailed in its original form to the Custodian listed below. There must be one originally signed form for each different plan you are transferring to Pentegra Trust Company. Please type or clearly print all information.

Indicate the type of request:

- 403(b) Contract Exchange:** exchange assets within current employer's plan from an approved vendor/provider to PTC
 Direct rollover: Transfer of assets from one plan type to another (i.e. 401(k) to 403(b), 457(b) to 403(b))
 Plan-to-Plan Transfer: move assets from an account with the prior employer to a new account with the current employer
 Other: _____

STEP 1 Participant & Employer Information

First Name	Last Name	M.I.
Address		Social Security Number
City	State	Zip
Daytime Phone Number	Evening Phone Number	Email Address
Current Employer Name		Current Employer Phone Number

Plan Type: ORP (Optional Retirement Program) TSA (Tax Sheltered Account)

 -----PLAN TO PLAN TRANSFERS ONLY-----

Former Employer Name	Former Employer Phone Number

STEP 2 Current Account Exchange/Transfer/Rollover Information

Please verify the exchange/transfer/rollover policy of the sending institution. If necessary, obtain the sending institution's exchange/transfer/rollover paperwork. Please attach a copy of a recent Account Statement. The assets exchanged/transferred/rolled over into this plan result from an 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 |

Name of resigning Trustee or Custodian (where funds were held)	Contract/Account Number
Mailing Address	Dept
City, State, Zip	Phone Number

STEP 3 Exchange | Transfer | Rollover Instructions (Instructions to Current Trustee or Custodian)

By this Agreement, I direct the Trustee/Custodian to exchange/transfer/rollover the cash surrender value/asset value of my account as indicated below.

- _____ % 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. *
 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. *
 Transfer all of the assets in-kind into my existing 403(b)(7) custodial account. (Transfer-in-kind may be subject to fund availability.)

Quantity	Cusip/Symbol (Required)	Fund Account Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

STEP 3 Exchange/Transfer Instructions (Instructions to Current Trustee or Custodian) *continued...*

Please initial to acknowledge the following statement:

_____ I acknowledge that shares in the Pentegra Trust Company 403(b)(7) Custodial Account will be held at the plan level and not eligible for aggregation with my personal and/or individual assets for breakpoint purposes.

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

<p>CURRENT TRUSTEE or CUSTODIAN MAILING INSTRUCTIONS:</p> <p>Make checks payable to: Matrix Trust Co TPA 00388 FBO: (Participant Name)</p> <p>Reference on check memo line: Plan Name: _____</p>	<p>Mail Checks to: Matrix Trust Company c/o ASPire Financial Services, LLC ATTN: TPA 00388 P.O Box 3595 New York, NY 10008-3595</p>
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STEP 4 Signature & Acceptance

PARTICIPANT SECTION

I wish to transfer the above mentioned account/contract to a 403(b)(7) Custodial Account offered by Pentegra Trust Company serving as custodian. Please make the proceeds payable to Matrix Trust Company, which is Sub-Custodian for Pentegra Trust Company. 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.

➤

DATE (MONTH / DAY / YEAR)

Signature Guarantee: The existing 403(b) account provider may require a signature guarantee by the Participant. To meet this requirement, the Participant must sign this form and have it signature guaranteed. Signature Guarantee must be performed by a bank, broker-dealer, savings and loan association, credit union, national securities exchange or any other "eligible guarantor institution" as defined in rules adopted by the Securities and Exchange Commission. Signatures may also be guaranteed with a medallion stamp of the STAMP program or the NYSE Medallion Signature Program, provided that the amount of the transaction does not exceed the relevant surety coverage of the medallion. A notarization from a notary public **does not** meet signature guarantee requirements.

➤

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.

➤

DATE (MONTH / DAY / YEAR)

FINANCIAL ADVISOR SECTION

<input type="text"/>	<input type="text"/>	<input type="text"/>
Representative Name	Phone Number	Email Address
<input type="text"/>	<input type="text"/>	<input type="text"/>
Registered Investment Advisor Firm	Firm SEC Number	
<input type="text"/>	<input type="text"/>	
Address	<input type="text"/>	Suite/Bldg
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip

FOR ADMINISTRATIVE USE ONLY

Pentegra Trust Company has established a/an _____ plan on behalf of the participant, and hereby agrees to accept and act as Custodian for the transfer described in STEP 3 – Exchange/Transfer Instructions. **Please send your client a closing statement.**

➤

DATE (MONTH / DAY / YEAR)

Please check with resigning Trustee or Custodian if originals are required. PTC will sign and mail the form along with Acceptance Letter to the address on Step 2. Email, fax or mail transfer form and all required supporting documents to:

<p>EMAIL: 403b-Ops@pentegra.com <i>* Password-protect file or send via secure site</i></p>	<p>FAX: ATTN: 403(b) Services 914.821.9582</p>	<p>Regular Mail or Overnight Delivery: Pentegra Trust Company c/o Pentegra Retirement Services ATTN: 403(b) Services 701 Westchester Ave, Suite 320E White Plains, NY 10604</p>
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