

457 CO-PROVIDER TRANSFER TO ICMA-RC FORM CHECKLIST

Use this Checklist to help you complete the form on the following pages so that we can process your transfer of assets to ICMA-RC's 457 plan.

By providing all the necessary information, we can avoid delays and take care of your request as soon as possible.



COMPLETING THE FORM

SECTION 1 – YOUR PERSONAL INFORMATION (MUST BE COMPLETED)

- Make sure you are enrolled in the plan.

SECTION 2 – PLAN INFORMATION

- Check and enter the plan number assets are transferring into.

SECTION 3a – WHERE THE ASSETS ARE TRANSFERRING FROM (MUST BE COMPLETED)

- Enter the name of the trustee/custodian. (IF INCOMPLETE YOUR REQUEST WILL NOT BE PROCESSED)
- Enter the complete address.
- Enter the account number.

SECTION 3b – LIQUIDATION INSTRUCTIONS (MUST CHECK ONE)

- Check whether you want 100% liquidation or a partial and enter a dollar amount.

SECTION 3c – PROVIDER WHERE THE ASSETS ARE TRANSFERRING FROM (MUST BE COMPLETED)

- Confirm that your 457 plan is with your current employer only.
- Confirm if the transfer is a combination from your previous and current employer.

SECTION 5 – YOUR SIGNATURE

- Sign and date. (Please do not mistakenly enter your birth year)

SENDING THE FORM AND CHECKS

MAIL CHECKS:

Vantagepoint Transfer Agents/457
C/O M&T Bank
P.O. Box 64553
Baltimore, MD 21264-4553

WIRE TRANSFERS:

M&T Bank
ABA# 022000046
VANTAGEPOINT TRANSFER AGENTS 457
Bank Account# 42538001
Participant's name and Reference code

MAIL FORM:

ICMA-RC
ATTN: Workflow Management Team
P.O. Box 96220
Washington, DC 20090-6220

FAX:

202-682-6439
ATTN: Workflow Management Team

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- Use this form to request a transfer from your current employer's 457 plan with a co-provider. Do not use this form for a rollover request.
- If you have not yet enrolled in the ICMA-RC 457 plan with your current employer, you must also complete the *457 Deferred Compensation Plan Employee Enrollment Form*.

| 1 Personal Information | <p>Full Name of Participant _____ Email _____</p> <p style="font-size: small;">Last First M.I.</p> <p>Social Security Number (for tax reporting purposes) _____ Date of Birth _____ Preferred Phone Number _____</p> <p style="font-size: small;">- - - / / - (-) - - Month Day Year Area Code</p> <p>Mailing Address/Street _____ Marital Status</p> <p style="text-align: right; font-size: small;"><input type="checkbox"/> Married <input type="checkbox"/> Single</p> <p>City _____ State _____ Zip Code _____</p> | | | | | | | | | | | | |
|---|---|-----------|---------------|-----------|---------------|----------|-------|----------|-------|----------|-------|----------|-------|
| 2 Transfer To | <p>ICMA-RC 457 Plan Account Number: 30 _____</p> <p>Employer Plan Name: _____</p> | | | | | | | | | | | | |
| 3a Transfer From (must be completed for all transfers) | <p><input type="checkbox"/> I want to transfer my assets from my employer's co-provider to my ICMA-RC 457 Plan.</p> <p>Co-Provider Name: _____</p> <p>Employer Plan Name: _____</p> <p>Co-Provider Plan Phone Number: _____</p> <p>Co-Provider Plan Address: _____</p> <p>Participant account number: _____</p> | | | | | | | | | | | | |
| 3b Transfer Amount (must be completed) | <p>I wish to liquidate and transfer:</p> <p><input type="checkbox"/> 100% of my account balance (Estimated Transfer Amount \$ _____)</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> The following portion of my account in the manner specified below:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Fund Name</th> <th style="width: 15%;">Dollar Amount</th> <th style="width: 30%;">Fund Name</th> <th style="width: 25%;">Dollar Amount</th> </tr> </thead> <tbody> <tr> <td>1) _____</td> <td>_____</td> <td>3) _____</td> <td>_____</td> </tr> <tr> <td>2) _____</td> <td>_____</td> <td>4) _____</td> <td>_____</td> </tr> </tbody> </table> | Fund Name | Dollar Amount | Fund Name | Dollar Amount | 1) _____ | _____ | 3) _____ | _____ | 2) _____ | _____ | 4) _____ | _____ |
| Fund Name | Dollar Amount | Fund Name | Dollar Amount | | | | | | | | | | |
| 1) _____ | _____ | 3) _____ | _____ | | | | | | | | | | |
| 2) _____ | _____ | 4) _____ | _____ | | | | | | | | | | |
| 3c Source of Transfer Assets (must be completed) | <p>In order to ensure accurate record keeping and tax reporting, ICMA-RC must receive accurate information regarding the source of the assets being transferred. The provider sending the assets to ICMA-RC must report the amounts of the different types of assets separately on the check stub or other documentation.</p> <p>Please check one of the following options. If Box 2 is checked, please provide additional details in the space provided:</p> <p>1) <input type="checkbox"/> 457 plan deferrals (and associated earnings) through my current employer only</p> <p>2) <input type="checkbox"/> The transfer includes rollover assets from another plan (e.g., a previous employer's retirement plan)</p> <p style="text-align: center;">(Provide additional details below)</p> <p><input type="checkbox"/> 457 plan deferrals (and associated earnings) through my current employer \$ _____ (insert amount from this source)</p> <p><input type="checkbox"/> 457 plan rollovers (from a previous employer's 457 plan) \$ _____ (insert amount from this source)</p> <p><input type="checkbox"/> Qualified plan rollovers (rollover assets from a 401(a), 401(k), 403(b), or IRA) \$ _____ (insert amount from this source)</p> <p>Important Notice: Providing inaccurate or incomplete information could result in tax consequences.</p> | | | | | | | | | | | | |

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Employer Plan Number _____

Social Security Number _____

4 Investment Allocation

The transferred assets will be invested in your account according to your allocation instructions for each source (e.g., contributions, rollovers) of funds received, provided that ICMA-RC receives documentation confirming the source of the funds. However, if the documentation confirming the source of the assets is not included with the transfer, the assets will be invested according to the instructions on file for rollover source assets.

In the absence of valid allocation instructions for a particular source of funds, assets will be invested according to the allocation instructions for the investment of contributions to your account (or to the default fund selected by your employer, if you have not yet provided allocation instructions for the investment of contributions to your account).

ICMA-RC will send you a confirmation notice when the transferred assets have been received and credited to your account. You will have the ability to transfer your assets to any investments available within your plan at any time by contacting ICMA-RC at 800-669-7400 or by accessing your account online at www.icmarc.org.

New York State 457 Deferred Compensation plans: If your 457 plan account is with an employer in New York State, the transferred assets will be invested according to the same allocation instructions that are used for the investment of contributions to your account (or to the default fund selected by your employer, if you have not yet provided allocation instructions for the investment of contributions to your account).

5 Investor Signature

I acknowledge that I have read and agree to the disclosures shown in the instructions for this section. I have also read and agree to the process described in Section 4 of this form relating to how the transferred assets will be invested within my account.

I authorize and request the custodian of my existing retirement plan specified in Section 3a to liquidate and transfer my existing account to the ICMA-RC account specified in Section 2 of this form.

Signature _____ Date _____ / _____ / _____
Month Date Year

6 Employer Authorization for Co-provider Transfer

Please obtain signature of the employer sponsoring the plan into which you are transferring assets.

Current Employer Authorization _____ Date _____ / _____ / _____
Month Date Year

7 Signature Guarantee

Signature Guarantee

Some plan providers require a signature guarantee on the transfer request form (ICMA-RC does not). Please check with the co-provider to see if they require a signature guarantee, as the lack of a required signature guarantee may delay the processing of your transfer request. Signature guarantees can be obtained at most local banks.

Authorized Officer to Place Stamp Here

Guarantor

Title


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Employer Plan Number _____

Social Security Number _____

| | | | | |
|--|---|--|---|--|
| <p>7a Rep Comments - for Internal Use Only</p> | <p><input type="checkbox"/> No LOA needed</p> | | | |
| <p>8 ICMA-RC Authorization <i>(Please Do Not Complete)</i></p> | <p>ICMA-RC hereby attests that it maintains an eligible 457 plan account for the above named individual and will accept the above referenced transfer of assets.</p> <div style="text-align: center;">  </div> <hr style="width: 50%; margin-left: 0;"/> <p>Authorized Signature, ICMA-RC Assistant Secretary Title</p> | | | |
| <p>9 Document Mailing and Check/Wire Instructions for Former Trustee/ Custodian</p> | <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> <p><u>Send all Forms to:</u> ICMA-RC Attn: Workflow Management Team PO Box 96220 Washington, DC 20090-6220 Fax: 202-682-6439</p> </td> <td style="width: 33%; vertical-align: top;"> <p><u>Send checks to:</u> Vantagepoint Transfer Agents/457 c/o M & T Bank P.O. Box 64553 Baltimore, MD 21264-4553</p> </td> <td style="width: 33%; vertical-align: top;"> <p><u>Send wire transfers to:</u> M & T Bank ABA #022000046 Vantagepoint Transfer Agent/457 Account # 42538001</p> </td> </tr> </table> <p>Please reference: 30XXXX (six-digit plan # beginning with "30" specified in Section 2), investor name and SSN on check/wire.</p> | <p><u>Send all Forms to:</u> ICMA-RC Attn: Workflow Management Team PO Box 96220 Washington, DC 20090-6220 Fax: 202-682-6439</p> | <p><u>Send checks to:</u> Vantagepoint Transfer Agents/457 c/o M & T Bank P.O. Box 64553 Baltimore, MD 21264-4553</p> | <p><u>Send wire transfers to:</u> M & T Bank ABA #022000046 Vantagepoint Transfer Agent/457 Account # 42538001</p> |
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