

403(b) Transfer Request

Participant Information		
Name:	SSN:	DOB:
Mailing Address:		
Employer Plan Sponsor:		
Authorization for Transfer	Please attach an account statemen	t if possible to ensure accuracy in processing
Current Custodian:		Phone:
Mailing Address:		
Liquidate / Surrender:	tely On Specified Date: _	
Account / Policy #:	O Full O Partial: \$	s or %
If yes, please complete the following: Name of Benefic Assets transferred may not include any recommendations and the following in the follo	Date of E equired minimum distributions under IRC S	
Participant Signature:	Date:	
Acceptance by Verity Investments, Inc.		
ferity Investments, Inc. will accept under IRS Rever ustodian-to-custodian basis all or part of the designate Verity Investments, Inc. Authorized Signature: Authorized Transfer Agent	ed account as instructed above. Date:	above. Please liquidate, and transfer on a
Payment / Forwarding Instructions		
Please make checks payable to:	Verity Investments, Inc. FBO 'Plan Participant'	
Mail to: (Please include a copy of this request)	Verity Investments, Inc. 3100 Tower Boulevard 808 University Tower Durham, NC 27707	Phone: 800.247.6717 Fax: 919.489.8939 compliance@verityinvest.com



403(b) Transfer Request

Participant Information Name: SSN: DOB: Mailing Address: ____ Employer Plan Sponsor: _____ Please attach an account statement if possible to ensure accuracy in processing. Authorization for Transfer Current Custodian: Phone: Mailing Address: O Immediately On Specified Date: Liquidate / Surrender: Account / Policy #: O Full O Partial: \$ ______ or _____ Required Distribution Information Current Custodian - If required minimum distributions have begun, please complete: Method of Distribution: Recalculation of Life Expectancy C Elapsed Yrs: _____ Remaining Years Has participant chosen Joint Life Expectancy with a Designated Beneficiary? Yes Q Spouse? O Yes If yes, please complete the following: Date of Birth Name of Beneficiary Assets transferred may not include any required minimum distributions under IRC Section 401(a)(9) for the current year. Participant Signature: ______ Date: ______ Acceptance by Verity Investments, Inc. Verity Investments, Inc. will accept -- under IRS Revenue Ruling 90-24 -- the transfer described above. Please liquidate, and transfer on a custodian-to-custodian basis all or part of the designated account as instructed above. Verity Investments, Inc. Authorized Signature: Date: Authorized Transfer Agent for the Employer Payment Allocation Instructions For mutual funds, be certain to indicate the share class in addition to the full fund name. Complete Fund Name Acct. Number (leave blank if unknown) _____ \$ ____ or ____ % ____ _____ \$ ____ or ____ % ____ _____ \$ _____ or _____ % _____ \$ _____ or ____ % ____ ______ \$ _____ or _____ % _____ _____ or _____ %____