

Maximize Your Plan

- ☐ Enroll today — Complete the enrollment form provided.
- ☐ Catch up on your contributions (must be age 50 or older).
- ☐ Designate your beneficiary. Complete the Beneficiary Designation form, and follow the instructions on the form for mailing.
- ☐ Reduce your clutter. Sign up for e-documents today.
- ☐ Rebalance your account automatically by using Auto-Rebalance.
- ☐ For retirement counseling, just call **800-755-5801** or visit us online.

As an active participant, you can access your retirement account 24/7 by signing in to **my.trsretire.com** or calling us toll-free at **800-755-5801**.

You may also speak with a customer service representative for enrollment assistance, investment guidance, and retirement planning support.

First-time online users
my.trsretire.com

First-time callers
888-676-5512

Questions? Visit my.trsretire.com

Plan Highlights

Your Retirement Savings Plan is a valuable employee benefit and one of the most powerful ways to build your retirement savings.

Take a few minutes now to read through these plan highlights and learn more about all the features and benefits your plan includes. You'll find out more about when you can join, how much you can contribute, when you can make changes, and how you can access your savings.

Your Retirement Savings Plan

Eligibility

You are immediately eligible to participate in the plan.

- You may join the plan at any time.

Your Contributions

You may choose to make contributions up to the maximum allowed by law.

- You may increase, decrease, or stop your contributions at any time.

You may designate your contributions as traditional pre-tax contributions, after-tax Roth contributions, or a combination of both.

An annual IRS dollar limit of \$18,000 applies for 2015. This limit is indexed annually by the IRS.

If you are age 50 or older (or you reach age 50 during the current calendar year), you can make additional catch-up contributions up to \$6,000 in 2015. This limit is indexed annually by the IRS.

If you have an existing retirement plan account with a prior employer, you may roll over that account into this plan at any time. To initiate a rollover of a retirement account with a prior employer, complete the Incoming Rollover form.

Do you have other retirement accounts with your current and/or former employer? Managing your retirement planning strategy could be much easier with one consolidated account. Call a Transamerica Transfer Specialist at **800-275-8714** or e-mail **consolidate@transamerica.com** for answers to your questions or help completing the paperwork.

Vesting

Vesting refers to your "ownership" of your account. You are always 100% vested in your contributions to this plan, including any rollover or transfer contributions you have made, plus any earnings on those contributions.

Loans

You may borrow from your plan according to the provisions listed below (conditions and restrictions may apply).

Minimum loan amount

\$1,000

Maximum loan amount

50% of your vested account balance, up to \$50,000

General loan interest rate

6%

Home loan interest rate

6%

Maximum general loan term

5 years

Maximum home loan term

10 years

Maximum loan frequency

1 new loan(s) every 12 months

Withdrawals

Generally, withdrawals from your retirement program are only available under certain circumstances (which are described above). If withdrawals are available, a surrender charge may apply to assets invested in the Fixed Fund and/or Government Fixed Fund. Please note that surrender charges are not applied to funds withdrawn from variable fund options.

The following graded surrender charge may be applied to withdrawals from the Fixed Fund and/or Government Fixed Fund based on your years of completed participation in the program:

- Less than 5 completed years = 5% surrender charge
- 5 or 6 completed years = 4% surrender charge
- 7 or 8 completed years = 3% surrender charge
- 9 completed years = 2% surrender charge
- 10 completed years = 0% surrender charge

Fixed Fund and/or Government Fixed Funds monies may be withdrawn without a surrender charge for the following reasons:

- Retirement at plan's normal retirement age of 65
- Termination of employment
- In-service withdrawal of certain contributions at any time
- Financial hardship as defined in the plan
- Disability
- Death

Additionally, each year 10% of your January 1st balance in the Fixed Fund and/or Government Fixed Fund may be withdrawn without being assessed a surrender charge.

Investment Direction

You decide how your account will be invested among the available investment options. You may change your investment allocation at any time.

Transfers among investment options may be made at any time and may be subject to certain restrictions.

The available investment options are presented below in groups to illustrate the applicable transfer restrictions.

Investment Group A:	TFLIC Fixed Fund TFLIC Government Fixed Fund
Investment Group B:	TFLIC Fixed Fund Transamerica Partners Money Market Subaccount Transamerica Partners High Quality Bond Subaccount
Investment Group C:	All other funds

Monies in a Group A investment option cannot be transferred to a Group B investment option. Monies transferred out of a Group A fund to a Group C fund cannot be transferred back to a Group A fund or a Group B fund for a period of 90 days.

Questions? Visit my.trsretire.com

Additional transfer conditions and restrictions may apply. Certain investment options may impose trading restrictions and/or redemption fees as a result of frequent trading activity. Please contact us for more information at **my.trsretire.com**.

Beneficiary Designation

It is very important that you designate at least one beneficiary for your retirement account so that your assets can be distributed according to your wishes upon your death. Please complete the Beneficiary Designation form, and follow the instructions on the form for mailing.

Determine Your Savings Goal

How much income can you expect from Social Security?

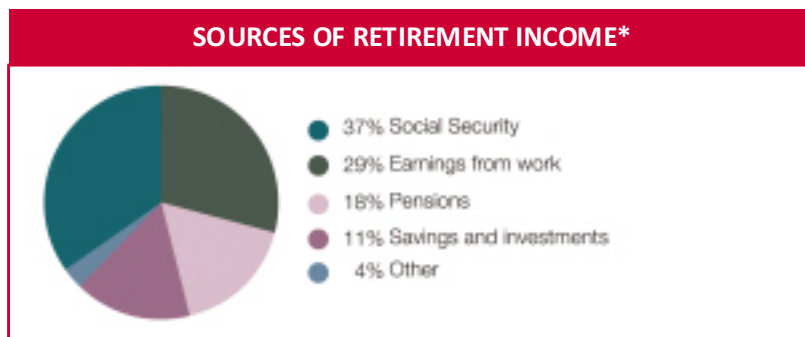
Request your estimate at ssa.gov or 800-772-1213.

You may need more income than you think.

The income you'll need in retirement depends greatly on your circumstances, including your age, health, income, investments, and savings. Based on today's average life expectancy, you may need your nest egg to last for 20 years or more. And don't forget about rising health care costs. In fact, a leading study estimates that you may need 77% to over 94% of your final preretirement income to maintain your lifestyle after your regular paychecks stop.(1)

Most of your income will come from you.

Social Security covers only about 37%* of the average retiree's income, and fewer employers offer traditional pension plans. In reality, most of your retirement income will likely come from your own savings, part-time employment in retirement, or both. If your goal is to live comfortably and work less in retirement, you need to start saving today.



*Fast Facts & Figures About Social Security, 2011.
Total does not necessarily equal 100% due to rounding.

Choose your tax treatment.

You can save with traditional pre-tax contributions, after-tax Roth contributions, or a combination of both. Pre-tax savings give you tax benefits right away and could make contributing more cost less than you think. Roth savings could pay off down the road, when you might be in a higher income tax bracket. Our online calculators can help you decide which strategy makes sense for you.

Aim for a perfect 10.

Try to save at *least* 10% of your pay for retirement. If that seems like too much now, start smaller by putting away about 5%, then raise your rate gradually by, say, 1% a year on your birthday. That's a gift that keeps on growing!

You should evaluate your ability to continue saving in the event of a prolonged market decline, unexpected expenses, or an unforeseeable emergency.

(1) Aon Consulting, 2008 Replacement Ratio Study. Questions? Visit my.trsretire.com

Investment Solutions

Your *Retirement Plan* makes it easy to choose an investment strategy—and easy to maintain or adjust your strategy over time.

Choose a one-step solution

Select one fund that maintains a diversified mix

Asset allocation funds are diversified funds that offer a range of investment mixes depending on your comfort level with risk and how long you have until you retire. The funds range from short-term, conservative options that invest more of their assets in bonds to long-term, aggressive options that invest more of their assets in stocks. These funds do not change their asset allocation to become more conservative over time.

You can select an asset allocation fund based on your desired risk level and/or years until retirement.

Asset allocation funds are subject to the risks of the underlying funds in which they invest. To the extent the fund invests more of its assets in stock investments; it will be subject to greater risk than a fund investing more of its assets in bond funds.

Do it yourself

Create your own investing strategy

You can also create your own investment mix using the funds available in your plan. These funds offer flexibility for both new and experienced investors. With this approach, you can develop an investing strategy that is tailored just for you.

Section A: Employer Information

Enrollment Application

Company/Employer
Name

☐ New Enrollment

☐ Contribution Change

Contract/Account No.

Affiliate No.

Division No.

Section B: Participant Information

Social Security No.

Date of Birth
(MM-DD-YYYY)

First Name/Middle
Initial

Last Name

Mailing Address

State

Zip code

City

E-mail

Phone No./Ext.

Date of Hire
(MM-DD-YYYY)

Marital Status

☐

Married

☐

Single/Divorced

Gender

☐

Male

☐

Female

Section C: Contributions

☐ I elect to reduce my eligible compensation by _____% (up to the maximum allowed by law), each pay period as a pre-tax salary deferral contribution.

☐ I elect to reduce my eligible compensation by _____% (up to the maximum allowed by law), each pay period as a Roth salary deferral contribution.

☐ (For employees who have attained age 50 or will attain age 50 this calendar year) I elect to reduce my eligible compensation, in equal amounts each pay period, as a pre-tax salary deferral catch-up contribution, as indicated below:

☐ Maximum amount each year (contact Transamerica for further information)

☐ As a pre-tax salary deferral contribution.

☐ As a Roth contribution.

☐ \$ _____ each year as a pre-tax salary deferral contribution.

☐ \$ _____ each year as a Roth contribution.

☐ The above election(s) is effective with the payroll period beginning _____ (may not be retroactive).

☐ I elect not to make contributions to this plan.

☐ Contact me to help me consolidate another retirement plan (401K, 403B, IRA, etc) into my new Transamerica account.

Section D: Investment Allocation

Create Your Own Portfolio - Please allocate contributions to the following investment options in the percentages noted below (total must equal 100%)

Choose a Portfolio			Create a Portfolio		
KY20	Transamerica Asset Allocation - Short Horizon Subaccount	<input type="text"/> %	KEY3	Transamerica Partners Money Market Subaccount	<input type="text"/> %
KY21	Transamerica Asset Allocation- Intermediate Horizon Subaccount	<input type="text"/> %	GDAH	TFLIC Fixed Fund	<input type="text"/> %
KY22	Transamerica Asset Allocation - Intermediate/Long Horizon Subaccount	<input type="text"/> %	G17	TFLIC Government Fixed Fund	<input type="text"/> %
			KY15	Transamerica Partners High Quality Bond Subaccount	<input type="text"/> %
			KEY6	Transamerica Partners Core Bond Subaccount	<input type="text"/> %
			KY10	Transamerica Partners Inflation-Protected Securities Subaccount	<input type="text"/> %
			KEY7	Transamerica Partners Large Value Subaccount	<input type="text"/> %
			KY11	Transamerica Partners Large Core Subaccount	<input type="text"/> %
			KEY1	Transamerica Partners Large Growth Subaccount	<input type="text"/> %
			KY12	Transamerica Partners Small Core Subaccount	<input type="text"/> %
			KY13	Transamerica Partners International Equity Subaccount	<input type="text"/> %
			KEY5	Transamerica Partners Balanced Subaccount	<input type="text"/> %
			KEY4	Transamerica Partners Calvert Subaccount	<input type="text"/> %

Section E: Signatures

I understand that any catch-up contributions elected above are not determined to be catch-up contributions until my regular pre-tax salary deferral contributions exceed an applicable limit under the plan, and that the amount of my salary reduction above may not exceed the limits of contributions set forth in my employer's plan.

Transamerica Investors Securities Corporation (TISC), 440 Mamaroneck Avenue, Harrison, NY 10528, distributes securities products. Any registered fund offered under the plan is distributed by that particular fund's associated fund family and its affiliated broker-dealer or other broker-dealers with effective selling agreements such as TISC.

I acknowledge that investment option information, including prospectuses, disclosure documents, and/or fund profile sheets, as applicable have been made available to me and I understand the risks of investing.

The Transamerica funds are distributed by Transamerica Capital, Inc. (TCI) and are advised by Transamerica Asset Management (TAM). Transamerica, TISC, TAM, and TCI are affiliated companies. I understand that the fixed interest option(s) are available under group annuity contract(s) issued by Transamerica Financial Life Insurance Company ("TFLIC") and that the mutual fund options are subject to a Custodial Agreement with State Street Bank and Trust Company ("SSBT"). I understand that the group annuity contracts are legally separate arrangements from the Custodial Agreement. SSBT has no control over or responsibility for the group annuity contracts. I understand that an annual administrative fee, a withdrawal charge, and transfer restrictions may apply. The Transamerica investment options are available under a group variable annuity contract issued by Transamerica Financial Life insurance Company ("TFLIC"), which is offered through Transamerica Investors Securities Corporation, 440 Mamaroneck Avenue, Harrison, NY 10528. I understand that an annual administrative fee, a withdrawal charge, and transfer restrictions may apply. The Stable Pooled Fund is offered through Diversified Investment Advisors Collective Trust and invests directly in the Wells Fargo Stable Return Fund which is a collective trust fund of Wells Fargo.

I further understand that I may change the amount of my salary reduction, or terminate this agreement, by giving notice in accordance with the terms of my employer's plan.

X _____
Participant Signature Date

Instructions

Please complete the information below *and return this form to your employer.*

- ☐ Initial Agreement
- ☐ Agreement Change (*modifies any prior agreement*)

Section A. Employee Information

Social Security No.	<input type="text"/>	Employee No. (if applicable)	<input type="text"/>
First Name/Middle Initial	<input type="text"/>	Last Name	<input type="text"/>
Department	<input type="text"/>	Transamerica Account No.	<input type="text"/>

Section B. Salary Reduction Agreement

- ☐ I agree to reduce my eligible compensation by \$_____ (amount) or _____% (whole percentages) each pay period as a pre-tax salary deferral contribution.
- ☐ (*For employees who have attained age 50 or will attain age 50 this calendar year*) I agree to reduce my eligible compensation, in equal amounts each pay period, as a pre-tax salary deferral catch-up contribution, as indicated below:
- ☐ maximum amount each year (*contact Transamerica for further information*)
- ☐ \$_____ (amount) each year.

The above authorization is effective with the payroll period beginning _____ (date) (*may not be retroactive*).

- ☐ I elect not to make contributions to the plan/program.

Section C. Signatures

I understand that any catch-up contributions elected above are not determined to be catch-up contributions until my regular pre-tax salary deferral contributions exceed an applicable limit under the plan/program, and that the amount of my salary reduction above may not exceed the limits of contributions set forth in my employer's plan/program. I further understand that this agreement may not permit an aggregate amount of salary reduction contributions under the plan/program which, when added to elective deferrals made on my behalf to other plans (such as a 403(b) arrangement or a 401(k) plan), exceeds the limit as may be in effect for the year under Internal Revenue Code section 402(g). I understand that I may change the amount of my salary reduction, or terminate this agreement, by giving notice in accordance with the terms of my employer's plan/program.

X _____ **X** _____
Participant Signature Date

X _____ **X** _____
Print Name Social Security Number

X _____ **X** _____
Employer Representative Signature Date

INSTRUCTIONS

To designate a beneficiary or to change your existing beneficiary designation on your plan, complete all applicable sections of this form, obtain any required signatures, and return it to your Plan Sponsor. If you have any questions regarding this form, please contact us at 1-800-755-5801. For further information, please refer to the attached Qualified Pre-Retirement Survivor Annuity Explanation.

PLAN SPONSOR INFORMATION

Plan Name	Your Retirement Savings Plan		
Contract/Account No.	PODHANEV	Affiliate No.	00001
		Division No.	

PERSONAL INFORMATION

Social Security No.		Date of Birth (mm/dd/yyyy)	
First Name/Middle Initial		Last Name	
Mailing Address			
City		State	
		Zip Code	
Phone No.		Ext.	
E-mail Address			

PRIMARY BENEFICIARY DESIGNATION - WILL RECEIVE BENEFITS IN THE EVENT OF YOUR DEATH

This designation will apply to the account number above. You must designate a specific percentage for each beneficiary. Shares must be whole percentages and total 100%. If you do not indicate shares, benefits will be split equally among surviving beneficiaries. If the named beneficiary is a trust, please specify the name and date of the trust, and the name of the trustee.

Note: Share of benefits must total 100% for primary beneficiaries. If additional space is needed to designate multiple beneficiaries, complete the Supplemental Beneficiary Designation page.

Type of Beneficiary Designation ☐ Individual ☐ Trust ☐ Estate

Share of Benefits	<input type="text"/>	% (whole percentages only)	Relationship	<input type="text"/>
Social Security No.	<input type="text"/>	Date of Birth (mm/dd/yyyy)	<input type="text"/>	
First Name/Middle Initial	<input type="text"/>	Last Name	<input type="text"/>	
Name of Trust/Estate	<input type="text"/>			
Trustee/Executor	<input type="text"/>			
Trust/Estate Tax ID	<input type="text"/>	Effective Date	<input type="text"/>	
Mailing Address	<input type="text"/>			
City	<input type="text"/>	State	<input type="text"/>	Zip Code <input type="text"/>

PRIMARY BENEFICIARY DESIGNATION (CONTINUED)

Type of Beneficiary Designation ☐ Individual ☐ Trust ☐ Estate

Share of Benefits	<input type="text"/>	% (whole percentages only)	Relationship	<input type="text"/>
Social Security No.	<input type="text"/>	Date of Birth (mm/dd/yyyy)	<input type="text"/>	
First Name/Middle Initial	<input type="text"/>	Last Name	<input type="text"/>	
Name of Trust/Estate	<input type="text"/>			
Trustee/Executor	<input type="text"/>			
Trust/Estate Tax ID	<input type="text"/>	Effective Date	<input type="text"/>	
Mailing Address	<input type="text"/>			
City	<input type="text"/>	State	<input type="text"/>	Zip Code <input type="text"/>

CONTINGENT BENEFICIARY - WILL RECEIVE BENEFITS IF NO PRIMARY BENEFICIARY IS LIVING AT THE TIME OF YOUR DEATH

Note: Share of benefits must total 100% for contingent beneficiaries. If additional space is needed to designate multiple beneficiaries, complete the Supplemental Beneficiary Designation page.

Type of Beneficiary Designation ☐ Individual ☐ Trust ☐ Estate

Share of Benefits % (whole percentages only)

Relationship

Social Security No.

Date of Birth
(mm/dd/yyyy)

First Name/Middle Initial

Last Name

Name of Trust/Estate

Trustee/Executor

Trust/Estate Tax ID

Effective Date

Mailing Address

City

State

Zip Code

CONTINGENT BENEFICIARY DESIGNATION (CONTINUED)

Type of Beneficiary Designation ☐ Individual ☐ Trust ☐ Estate

Share of Benefits % (whole percentages only)

Relationship

Social Security No.

Date of Birth
(mm/dd/yyyy)

First Name/Middle Initial

Last Name

Name of Trust/Estate

Trustee/Executor

Trust/Estate Tax ID

Effective Date

Mailing Address

City

State

Zip Code

WAIVER OF PRE-RETIREMENT SURVIVOR BENEFIT (IF SPOUSE IS NOT PRIMARY BENEFICIARY)

I elect to waive all or a portion of the qualified pre-retirement survivor annuity death benefit coverage for my spouse. Instead, I designate the above beneficiary(ies) to receive all or a portion of the benefits upon my death.

X _____

Participant Signature

X _____

Date

X _____

Notary Public Signature and Stamp/Seal

X _____

Date

PARTICIPANT SIGNATURE

I hereby warrant that all of the statements and information contained in this request/form are true in all respects. I understand that if I have made any false or misleading statements in this request that such statements could result in significant tax consequences and/or other monetary damages to the Plan, my Plan Sponsor and Transamerica. Moreover, I hereby agree to indemnify and hold (a) the Plan, (b) Transamerica, and (c) my Plan Sponsor harmless from any tax consequences and/or other monetary damages that may result in whole or in part from my false and misleading statements I certify that the information provided on this form is correct and complete.

X _____

Participant Signature

X _____

Date

X _____

Print Name

X _____

Social Security Number

PLAN SPONSOR SIGNATURE

I certify that the information provided on this form is correct and complete, and that any required consents and waivers have been obtained.

X _____

Plan Sponsor Signature

X _____

Date

Completed forms should be returned to Transamerica at 4333 Edgewood Road NE, Mail Drop 0001, Cedar Rapids, IA 52499 or fax to 866-835-8863.

Supplemental Beneficiary Designations

Social Security No.

First Name/Middle Initial

Last Name

Note: Share of benefits must total 100% for primary beneficiaries (will receive benefits in the event of your death) AND 100% for contingent beneficiaries (will receive benefits if no primary beneficiary is living at the time of your death).

☐ Primary Beneficiary ☐ Contingent Beneficiary

Type of Beneficiary Designation ☐ Individual ☐ Trust ☐ Estate

Share of Benefits

% (whole percentages only)

Relationship

Social Security No.

Date of Birth
(mm/dd/yyyy)

First Name/Middle Initial

Last Name

Name of Trust/Estate

Trustee/Executor

Trust/Estate Tax ID

Effective Date

Mailing Address

City

State

Zip Code

☐ Primary Beneficiary ☐ Contingent Beneficiary

Type of Beneficiary Designation ☐ Individual ☐ Trust ☐ Estate

Share of Benefits

% (whole percentages only)

Relationship

Social Security No.

Date of Birth
(mm/dd/yyyy)

First Name/Middle Initial

Last Name

Name of Trust/Estate

Trustee/Executor

Trust/Estate Tax ID

Effective Date

Mailing Address

City

State

Zip Code

Instructions

Use this form to initiate a direct rollover of your existing retirement account to your plan retirement account being serviced by Transamerica. Complete Sections A, B, C and D, then return the completed form, along with any required documentation indicated in Section E, to us at the address indicated in Section G. Contact your prior plan provider to request a rollover of the funds in your account to Transamerica (your prior plan provider may require that you complete a distribution form or other documentation). For further information, call us at 800-755-5801.

Section A. Employer Information

Company/Employer Name	<input type="text"/>		
Contract/Account No.	<input type="text"/>	Affiliate No.	<input type="text"/>
Division No.	<input type="text"/>		

Section B. Personal Information

Social Security No.	<input type="text"/>	Date of Birth (mm/dd/yyyy)	<input type="text"/>
First Name/Middle Initial	<input type="text"/>	Last Name	<input type="text"/>
Mailing Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
Zip Code	<input type="text"/>		
Phone No.	<input type="text"/>	Ext.	<input type="text"/>
E-mail Address	<input type="text"/>		
Date of Hire (mm/dd/yyyy)	<input type="text"/>		

Section C. Incoming Rollover Information

My incoming rollover for \$_____ is an eligible rollover distribution.

My incoming rollover is from a (select only one option)

☐ qualified plan (401(k) or 401(a) plan) ☐ 403(b) plan ☐ 457(b) governmental plan ☐ IRA

Amount to be rolled over from present provider: ☐ 100% of account ☐ Partial rollover of \$_____

My incoming rollover ☐ does ☐ does not include after-tax amounts from a qualified plan or a 403(b) plan. If after-tax amounts are included, the total after-tax cost basis of this distribution is \$_____. Cost basis is the amount of contributions made, not including earnings.

Please note the following important information:

1. Transamerica cannot accept after-tax amounts if the cost basis is not provided. If you are unsure of your after-tax cost basis, contact your previous Plan Administrator to obtain/confirm this information. If this information is not received, it will be assumed that the deposit represents pre-tax amounts only.
2. If you are already enrolled in the plan, your incoming rollover will be invested according to your existing investment allocation for payroll contributions.
3. If you are not enrolled in the plan, your incoming rollover will be invested in the plan level default fund. Please refer to your Summary Plan Description or contact us in order to identify the plan's default fund. You can subsequently reallocate your investment at any time, subject to plan provisions, by calling us at 800-755-5801 or accessing your account online at my.trsuretire.com.

Section D. Prior Plan Information

Contact your prior plan provider to request a rollover of the funds in your account to Transamerica (your prior plan provider may require that you complete a distribution form or other documentation). If your incoming rollover is not received in 30 days, we will contact your prior plan/IRA provider, if you attach a copy of your most recent prior plan/IRA statement to this form.

Prior Plan Name _____

Prior Plan Account No. _____

Prior Plan Contact Name _____

Prior Plan Contact Phone No. _____

Prior Plan/IRA Provider _____

Prior Plan/IRA Provider Mailing Address _____

Prior Plan/IRA Provider Phone No. _____

Section E. Required Documentation

If your rollover is distributed from a tax-qualified plan, you must provide verification from the prior plan provider that the funds are from a tax-qualified plan.

If your rollover is distributed from a Section 403(b) program, you must provide a verification from the prior plan provider indicating that all funds are contributions from a 403(b) plan.

If your rollover is distributed from a Traditional IRA, you must provide verification from the prior plan provider indicating that all funds are from a Traditional IRA.

If your rollover is distributed from a 457(b) governmental plan, you must provide verification from the prior plan provider indicating that all funds are pre-tax contributions from a 457(b) governmental plan.

Transamerica will be unable to process your incoming rollover without this documentation.

Section F. Participant Signature

I certify that the information provided on this form is correct and complete. I understand that if I am already enrolled in the plan, my incoming rollover will be invested according to my existing investment allocation for payroll contributions. If I am not enrolled in the plan, I understand that my incoming rollover will be invested in the plan's default fund (please refer to your Summary Plan Description or contact us in order to identify the plan's default fund). I understand that I can subsequently reallocate my investment at any time, subject to plan provisions, by calling Transamerica or accessing my account online at the above address.

Transamerica Investors Securities Corporation (TISC), 440 Mamaroneck Avenue, Harrison, NY 10528, distributes securities products. Any registered fund offered under the plan is distributed by that particular fund's associated fund family and its affiliated broker-dealer or other broker-dealers with effective selling agreements, such as TISC. All registered funds are available by prospectus only. A prospectus may be obtained for any registered fund by contacting us at 800-755-5801. The prospectus contains additional information about the funds, including the investment objectives, risks, charges, and other expenses. Please read and consider such information carefully before making your investment choices.

X _____
Participant Signature

X _____
Date

X _____
Print Name

X _____
Social Security Number

Section G. Mailing and Wiring Instructions

Checks- If sending a check, mail the check and the Incoming Rollover Request form to one of the following addresses, as applicable:

Regular Mail

Transamerica
Remittance Processing Center
PO Box 13029
Newark, NJ 07188

Overnight Mail

JPMorgan Chase - Lockbox Processing
Lockbox No. 13029
4 Chase Metrotech Center
Ground Level Courier on Willoughby Street
Brooklyn, NY 11245
Phone Number: (718) 242-0674 *(must be indicated on overnight air bill)*

Wire Transfers- If sending a wire transfer, mail the Incoming Rollover Request form to the address below:

Form

Transamerica
4333 Edgewood Road NE
Cedar Rapids, IA 52499

Wire Instructions

State Street Bank and Trust Company
200 Clarendon Street
Boston, MA 02116-5021
Bank ABA # **011000028**
Receiving Account # **00457374**
Receiving Account name: Transamerica
Contract-Affiliate #
Contract Name

You may roll over your distribution if *all* of the following apply:

1. The distribution is an “eligible rollover distribution”. Generally, any portion of a distribution from an eligible retirement plan or traditional IRA is considered an eligible rollover distribution. The following types of payments generally *cannot* be rolled over to a retirement plan:

- “Permissible Withdrawals” of initial elective deferrals and earnings from certain special automatic enrollment 401(k) or 403(b) Plans that are withdrawn within 90 days of enrollment
- Annuity payments for life or joint life expectancy; installments to be paid over a period of 10 years or more
- Required minimum distributions
- Corrective distributions of contributions that exceed tax law limitations
- Excess contributions, excess deferrals, and excess aggregate contributions that apply to 401(k) ADP or 401(m) ACP nondiscrimination tests
- Distributions to a non-spouse beneficiary unless directly rolled over to an inherited IRA
- Hardship distributions
- Loans treated as deemed distributions (for example, loans in default due to missed payment before your employment ends)

Note: After-tax contributions from a qualified plan or 403(b) plan (but not from an IRA) can be rolled over (via a direct rollover) only to another qualified plan or to a 403(b) plan that separately accounts for them or to an IRA.

2. The distribution is from an eligible retirement plan or a traditional IRA.

- An eligible retirement plan is an employer pension or profit-sharing plan qualified for favorable tax treatment under Section 401(a) or Section 403(a) of the Internal Revenue Code, or a Section 403(b) Tax Deferred Annuity (TDA) plan or a Section 457(b) governmental plan. *(Note: The Transferee retirement plan may not accept all of these types of rollovers. Please check with the sponsor of your new plan.)*
- Any rollover from a section 457(b) governmental plan to a 401(a) or 403(b) plan may be subject to the 10% additional tax on early distributions when later distributed.
- A rollover to a governmental 457(b) plan must be separately accounted for by such plan. Please check with your employer.

3. One of the statements below describes your distribution.

- The distribution is paid to you and the rollover is made within 60 days of receipt of distribution. *(Note: After-tax contributions cannot be rolled over as part of a distribution payable by check to you.)*
- The eligible “direct” rollover distribution is paid directly from an eligible retirement plan or traditional IRA to your new eligible retirement plan. *Sample wording for direct rollover: Trustees of (name of plan at Transamerica and account number), FBO (name of participant and Social Security number). Your employer will advise you on the exact wording of the plan name and account number, and the types of distributions that can be rolled over into this plan.*

For complete information regarding plan payments, penalties, and the associated tax implications if a direct rollover is not elected, please review the Notice: Special Tax Notice Regarding Plan Payments that was provided by your former employer or payor and/or consult your tax advisor. You may be asked by the transferee plan or IRA to provide additional documentation. Check with them in advance.



Incoming Contract Exchange (within the Same Plan)

Instructions

To request an exchange of investments to Transamerica from another 403(b) account or annuity with your current employer, complete all applicable sections of this form and return the form to Transamerica at the address indicated on the enclosed mailing and wiring instructions. For exchanges from multiple financial institutions, complete a separate form for each institution. You may also need to complete a Transamerica Enrollment Application if you are not currently enrolled. This form should not be used if the exchange involves Roth 403(b) account monies. The exchange may not be initiated until receipt of all required paperwork and information. For further information, please refer to your Summary Plan Description, contact your Plan Administrator, or call us at 800-755-5801.

Also, if you have an outstanding loan, please contact your current service provider to make arrangements for the handling of your loan prior to transferring your account to Transamerica.

Note: If you are terminated from employment, please call us and request a form to roll over your account to Transamerica.

Section A. Employer Information

Company/Employer Name	Your Retirement Savings Plan		
Contract/Account No.	PODHANEV	Affiliate No.	00001
		Division No.	

Section B. Personal Information

Social Security No.		Date of Birth (mm/dd/yyyy)		
First Name/Middle Initial		Last Name		
Mailing Address				
City		State		Zip Code
Phone No.		Ext.		
Email Address				
Date of Hire (mm/dd/yyyy)				

Section C. Present 403(b) Investment Provider Information (include all present contract/account numbers)

Provider Name				
Present Contract/Account Number(s)				
Insert account number(s)				
Provider Mailing Address				
City		State		Zip Code
Phone No.		Ext.		

Amount to be transferred from present provider: ☐ 100% of account ☐ Partial transfer of \$ _____

Section D. Participant Signature

I request the immediate transfer of funds from my present 403(b) account referenced in Section C above, to my Transamerica 403(b) account. I understand that my transfer deposit will be invested according to the existing investment allocation on my account. I agree that if I have an outstanding loan in my present 403(b) account with the current provider, I will contact the provider in order to make arrangements for the handling of my loan prior to the transfer of my account to Transamerica.

I agree that Transamerica is released from any responsibility regarding the accuracy of my representations or any tax consequences resulting from the incoming contract exchange of my funds into my Transamerica 403(b) account.

X _____ **X** _____
Participant Signature Date

X _____ **X** _____
Print Name Social Security Number

Section E. Contribution Types (to be completed by present provider)

To present provider: Please complete the applicable contribution account information for this transfer, and see attached mailing instructions. Please also read explanatory footnotes below. Any checks should be made payable to Transamerica, FBO/Participant Name.

Employer Contribution Account	Employee 403(b)(1) (pre-tax salary reduction) Contribution Account	Employee 403(b)(7) (pre-tax salary reduction) Contribution Account	
\$ _____	\$ _____	\$ _____	12/31/86 account balance
	\$ _____ (1)	\$ _____ (2)	12/31/88 account balance
	\$ _____ (3)	\$ _____ (3)	Post-1988 salary reduction contributions
\$ _____ (3)			403(b)(1) employer annuity contract contributions

Important explanatory footnotes to be read by present investment provider:

- (1) include only amounts originally contributed to a 403(b)(1) annuity contract and earnings thereon.
(2) include only amounts originally contributed to a 403(b)(7) custodial account and earnings thereon.
(3) exclude any earnings.

(Non-Roth) After-tax Contribution Account (if applicable)

\$ _____ Total After-tax Cost Basis (cost basis is the amount of contributions made, not including earnings)

Total amount of transfer \$ _____



440 Mamaroneck Avenue
Harrison, NY 10528

Imagine Your Future, Plan Today

Enroll today and
brighten your
financial future.



Your Retirement Savings Plan

Brighten your outlook.



Welcome to Your Plan

Whether your retirement is five or fifty years away, Your Retirement Savings Plan offers a powerful way to enhance your long-term financial well-being. We encourage you to invest in yourself and your future by participating in this plan through Transamerica.

Transamerica is a full-service retirement plan provider who has focused on one thing for more than 75 years: helping millions of people like you save and invest wisely for and throughout their retirement. Whether you're joining a retirement plan for the first time, already participating in the plan, soon approaching retirement, or already in retirement, Transamerica will be with you every step of the way.

Please read through this kit so you can better understand this valuable program. And be sure to enroll as soon as possible so you can begin maximizing this benefit!

Sincerely,



Pete Kunkel
President and CEO
Transamerica Retirement Solutions



Brighten **your** outlook.

