



## 403(b) PLAN REQUEST FOR CONTRACT EXCHANGE/DIRECT ROLLOVER FORM.

Note: You must complete a separate form for each investment company from which you are transferring assets.

### [1] PARTICIPANT OR BENEFICIARY INFORMATION (Select type of Account you are rolling over from)

☐ 403(b) ☐ 401(k) ☐ IRA ☐ Other \_\_\_\_\_

Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### [2] EMPLOYER INFORMATION

Name of Current Employer \_\_\_\_\_

Name of Plan / BPA Plan # \_\_\_\_\_

### [3] TRANSFER INSTRUCTIONS Please select the type of transaction you are initiating. Please refer to the definitions on page 2

☐ Contract Exchange ☐ Direct Rollover

Name of Former Trustee/Custodian \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Account/Contract Number \_\_\_\_\_

**Please Transfer immediately from my account listed above** ☐ All or ☐ Partial \_\_\_\_\_ % or \$ \_\_\_\_\_

Name of New Custodian/Issuer **HAND BENEFIT & TRUST 6 RHOADS DRIVE, SUITE 7; UTICA, NY 13502** Telephone **(866) 401-5272**

**Contribution Types** (to be completed by current provider) Please complete the applicable contribution account information for this exchange.

- |   | <i>Employee</i> | <i>Employer</i>                   |
|---|-----------------|-----------------------------------|
| • 403(b)(1) annuity contract                                |                 |                                   |
| Pre tax salary reduction and earnings as of 12/31/1986      | \$ _____        | \$ _____                          |
| • 403(b)(7) custodial account                               |                 |                                   |
| Pre tax salary reduction and earnings as of 12/31/1988      | \$ _____        | \$ _____                          |
| • Post -1988 salary reduction contributions                 | \$ _____        |                                   |
| • Roth (post tax) Contributions:\$ _____ Earnings \$ _____  |                 | Total amount of exchange \$ _____ |
| • Non -Roth (post tax contributions) if applicable \$ _____ |                 |                                   |

## [4] SIGNATURE

I hereby grant permission to the resigning trustee to release information pertaining to my account.

I hereby authorize Benefit Plans Administrators ("BPA") and its affiliate Hand Benefit & Trust (HB&T) as the named custodian on my account to share information with an authorized representative of the employer under which my new account is established. I understand the exchange of information is required to maintain the tax-favored status of my plan.

I understand that my transfer, rollover, and/or exchange will be deposited according to the same allocations that I have previously submitted unless otherwise indicated below.

<input type="checkbox"/> % MetLife Stable Value (9N)	<input type="checkbox"/> % JH Disciplined Value (HY)	<input type="checkbox"/> % T. Rowe Price 2015 Adv (JB)
<input type="checkbox"/> % AEW Real Estate (CU)	<input type="checkbox"/> % Oppenheimer Equity Income (HL)	<input type="checkbox"/> % T. Rowe Price 2020 Adv (7L)
<input type="checkbox"/> % American Balanced Fund (RK)	<input type="checkbox"/> % Parametric Emerging Mkts (C5)	<input type="checkbox"/> % T. Rowe Price 2025 Adv (DR)
<input type="checkbox"/> % American EuroPacific Growth Fund (RB)	<input type="checkbox"/> % PIMCO Total Return (P8)	<input type="checkbox"/> % T. Rowe Price 2030 Adv (Z4)
<input type="checkbox"/> % Aston/TAMRO Small Cap (GS)	<input type="checkbox"/> % T Rowe Price MidCap Growth (TK)	<input type="checkbox"/> % T. Rowe Price 2035 Adv (JC)
<input type="checkbox"/> % BlackRock Inflation Protected (HX)	<input type="checkbox"/> % Templeton Global Bond (TW)	<input type="checkbox"/> % T. Rowe Price 2040 Adv (Z5)
<input type="checkbox"/> % Harbor Capital Apprec Fund (U6)	<input type="checkbox"/> % Vanguard 500 Index (6D)	<input type="checkbox"/> % T. Rowe Price 2045 Adv (JD)
<input type="checkbox"/> % Ivy High Income Y (TT)	<input type="checkbox"/> % Vanguard Mid-Cap Index (6E)	<input type="checkbox"/> % T. Rowe Price 2050 Adv (6L)
	<input type="checkbox"/> % Vanguard Sm Cap Index (9R)	<input type="checkbox"/> % T. Rowe Price 2055 Adv (JE)

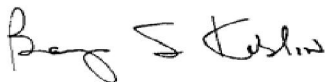
If I am executing a contract exchange, I understand and acknowledge that contract exchanges after September 25, 2007 will require an Information Sharing Agreement (ISA) - an agreement between the employer or the employer's representative and BPA/HB&T to share certain participant information as needed to administer the participant's account including but not limited to: (1) Loans, (2) Hardship distributions, (3) Distribution events, and (4) Recovery of cost basis. I understand that the validity of the exchange is contingent on my employer entering into an ISA with BPA/HB&T no later than January 1, 2009. I also acknowledge that my employer's failure to comply with the required 403(b) regulations, or failure to enter into an appropriate ISA may result in my entire 403(b) asset under the employer's plan becoming taxable and subject to possible penalties.

Participant/Beneficiary \_\_\_\_\_ Date \_\_\_\_\_

## [5] ACCEPTANCE

The Authorized Representative / Provider (Benefit Plans Administrators ("BPA") and its affiliate Hand Benefit & Trust (HB&T) certifies that the exchange request is permissible under the provisions of the plan and it complies with the applicable Treasury Regulations under Internal Revenue Code Section 403(b) and as soon as administratively practicable following the effective date (no later than 1-1-09) the provider shall communicate to the employer administrative procedures designed to satisfy the Information Sharing Agreement whereby, from time to time in the future, they will provide the employer with information necessary for the 403(b) contract resulting from a contract exchange or any other 403(b) contract to which contributions have been remitted by the employer under the plan.

**Statement of Acceptance:** Benefit Plans Administrators ("BPA") and its affiliate Hand Benefit & Trust (HB&T) agree to serve as Custodian/Issuer for the above referenced plan and agree to accept the assets being transferred.



Barry S. Kublin, Hand Benefit & Trust (HB&T) (Authorization by New Custodian/Issuer)

### Please send checks to:

**BPA**

**Attn: Trust Department**

**6 Rhoads Drive Suite 7 Utica, NY 13502-5104**

**FBO: Plan name and participant name**

**FOR EXAMPLE XYZ Corp Retirement Plan FBO John Doe**

**Phone: (866) 401-5272**

**Fax: (315) 735-0418**

Or

### If you would like to wire the funds, please use the following wiring instructions.

**Remit to Community Bank, NA**

**ABA #0213-0538-6**

**Special Instructions Attn: Trust Utica Omnibus**

**Account #: 0012 136 156**

**Account Name: Clients of Benefit Plans Administrator**

**Phone: (866) 401-5272**

**Fax: (315) 735-0418**

**Contract Exchange:** A contract exchange is the exchange of an existing investment contract under an employer's 403(b) plan for a new investment contract under that same plan. The employer plan must provide that contract exchanges are permitted. In addition, other conditions may apply. Please reference the Treasury Regulations under Internal Revenue Code Section 403(b) for further information.

A contract exchange that meets all regulatory requirements is a non-taxable movement of funds. It does not constitute a distribution from the plan, and therefore, is not subject to federal or state income tax withholding. It does not require the participant to meet a distribution triggering event under the employer plan. In addition, no form 1099-R will be issued as a result of this transaction.

**Direct Rollover:** If you experience a triggering event (separation from service, disability or attainment of age 59<sup>1/2</sup>), you may move assets to a 403(b) account under another employer's plan, subject to certain conditions. Rollover assets may be subject to different rules under the receiving plan. A rollover that meets all regulatory requirements is a non-taxable movement of funds. Although it does constitute a distribution from the plan, since the assets are directly transferred to another qualified plan, is not subject to federal or state income tax withholding. This transaction will be reported on Form 1099-R.