

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 mail the completed form and all required supporting documents to:

Pentegra Trust Company  
c/o Pentegra Retirement Services  
ATTN: 403(b) Services  
108 Corporate Park Drive  
White Plains, NY 10604-3805

For Customer Service, please contact 866.634.5873.

Thank you,

Pentegra Trust Company



This form is used to transfer the assets held by a Custodian of a previous plan to Pentegra Trust Company, 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 asset you are transferring to Pentegra Trust Company (except mutual funds within the same fund family). Please type or clearly print all information.

- Indicate the type of request:
- 403(b) Contract Exchange (Change of 403(b) Investment Vendor)
  - Direct rollover from a government 457(b), IRA or other qualified plan
  - Plan-to-Plan Transfer (Change of Employer)

**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 Information**

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

- IRA (pre-tax contributions only)
- SIMPLE IRA
- SEP or SAR-SEP
- 401(k) Qualified Plan (pre-tax contributions)
- Roth 401(k) Contributions
- Governmental 457 Plan
- 403(b) pre-tax
- 403(b) Roth
- 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 Instructions (Instructions to Current Trustee or Custodian)**

By this Agreement, I direct the Trustee/Custodian to transfer/rollover the cash surrender/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
_____	_____	_____
_____	_____	_____
_____	_____	_____

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.

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

<b>CURRENT TRUSTEE or CUSTODIAN MAILING INSTRUCTIONS:</b>	
Make checks payable to: <b>MG Trust Company</b> <b>FBO: (Participant Name)</b>	Mail Checks to: <b>ASpire</b> <b>ATTN: Exchange/Transfer</b> <b>4010 Boy Scout Blvd</b> <b>Suite 500</b> <b>Tampa, FL 33607</b>
Reference on check memo line: <b>TPA 000207</b> <b>Plan Name: _____</b>	

**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 MG 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"/>	<input type="text"/>
Address	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 mail the completed form and all required supporting documents to:

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 c/o Pentegra Retirement Services  
 ATTN: 403(b) Services  
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