

- Use this checklist to help you complete the form on the following pages so that we can process your transfer of assets to your MissionSquare Retirement 457 plan.
- By providing all the necessary information, we can avoid delays and handle 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 *(If incomplete, your request will not be processed.)*

- Enter the name of the trustee/custodian.
- 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

| | | | |
|--|---|--|--|
| Pay To: MissionSquare Retirement | Mail Form: MissionSquare Plan Services P.O. Box 219320 Kansas City, MO 64121-9320 | Wire Transfer: State Street Bank & Trust ABA# 011000028 DSTRS AGNT FOR MISSIONSQUARE RET CLIENTS Bank Account# 9900-119-0 Participant's name and Reference code | Fax: MissionSquare Plan Services (844) 677-3297 |
| Mail Checks: MissionSquare Plan Services P.O. Box 219320 Kansas City , MO 64121-9320 | | | |

- Use this form to request a transfer to your MissionSquare Retirement 457 plan 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 MissionSquare 457 plan with your current employer, you must also complete the *457 Deferred Compensation Plan Express Enrollment Form*.

1 PARTICIPANT INFORMATION

| | | | | |
|---|--|-------------------------|---|--------------------|
| FULL NAME: <small>LAST, FIRST, MI</small> | | | MARITAL STATUS: <input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE | |
| SOCIAL SECURITY NUMBER: | DATE OF BIRTH: <small>MM/DD/YYYY</small> | PREFERRED PHONE NUMBER: | EMAIL ADDRESS: | |
| PERMANENT MAILING ADDRESS: | | | | |
| <small>STREET</small> | | <small>CITY</small> | <small>STATE</small> | <small>ZIP</small> |

2 TRANSFER TO

| | | |
|---|---------------------|--------|
| MISSIONSQUARE 457 PLAN ACCOUNT NUMBER: 30 | EMPLOYER PLAN NAME: | STATE: |
|---|---------------------|--------|

3a TRANSFER FROM (MUST BE COMPLETED FOR ALL TRANSFERS)

I want to transfer my assets from my employer's 457 plan co-provider to my MissionSquare 457 Plan.

Co-Provider: Name: _____ Phone Number: _____

Employer Plan Name: _____

Co-Provider Plan Address: STREET _____

CITY _____ STATE _____ ZIP _____

Participant Account Number: _____

3b TRANSFER AMOUNT (MUST BE COMPLETED)

I wish to liquidate and transfer:

100% of my account balance – Estimated Transfer Amount: \$ _____

OR

The following portion of my account in the manner specified below:

| | |
|-------------------------|-------------------------|
| 1ST FUND _____ \$ _____ | 3RD FUND _____ \$ _____ |
| 2ND FUND _____ \$ _____ | 4TH FUND _____ \$ _____ |

3c SOURCE OF TRANSFER ASSETS (MUST BE COMPLETED)

In order to ensure accurate recordkeeping and tax reporting, MissionSquare must receive accurate information regarding the source of the assets being transferred. The provider sending the assets to MissionSquare must report the amounts of the different types of assets separately on the check stub or other documentation. **Important Notice:** *Providing inaccurate or incomplete information could result in tax consequences.*

Please check one of the following options. If Box 2 is checked, please provide additional details in the space provided:

- 457 plan deferrals (and associated earnings) through my current employer only
- The transfer includes rollover assets from another plan (e.g., a previous employer's retirement plan)
Provide additional details below
 - 457 plan deferrals (and associated earnings) through my current employer: \$ _____ (insert amount from this source)
 - 457 plan roll-ins (from a previous employer's 457 plan): \$ _____ (insert amount from this source)
 - Qualified plan roll-ins [roll in assets from a 401(a), 401(k), 403(b), or IRA]: \$ _____ (insert amount from this source)

| | |
|--|-------------------------|
| EMPLOYER PLAN NUMBER: 30 _____ | 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, roll-ins) of funds received, provided that MissionSquare 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).

MissionSquare 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 MissionSquare 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 PARTICIPANT 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 MissionSquare account specified in Section 2 of this form.

Signature: _____ Date: MM/DD/YYYY _____

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: MM/DD/YYYY _____

7 SIGNATURE GUARANTEE

Some plan providers require a signature guarantee on the transfer request form (MissionSquare 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.

Guarantor: _____

Title: _____

Authorized Officer to Place Stamp Here

EMPLOYER PLAN NUMBER:

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SOCIAL SECURITY NUMBER:

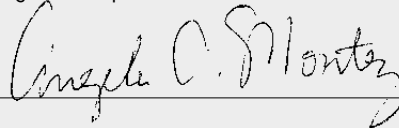
7a REP COMMENTS (FOR INTERNAL USE ONLY)

No LOA needed

8 MISSIONSQUARE RETIREMENT AUTHORIZATION (PLEASE DO NOT COMPLETE)

MissionSquare Retirement hereby attests that it maintains an eligible 457 plan account for the above named individual and will accept the above referenced transfer of assets.

Authorized Signature, MissionSquare Retirement: _____



Title: Assistant Secretary

9 DOCUMENT MAILING AND CHECK/WIRE INSTRUCTIONS FOR FORMER TRUSTEE/CUSTODIAN

Send All Forms to:

MissionSquare Plan Services
P.O. Box 219320
Kansas City, MO 64121-9320
Fax: (844) 677-3297

Send All Checks to:

MissionSquare Plan Services
P.O. Box 219320
Kansas City, MO 64121-9320

Make checks payable to:

MissionSquare Retirement

Send Wire Transfers to:

State Street Bank & Trust
ABA# 011000028
DSTRS AGNT FOR
MISSIONSQUARE RET CLIENTS
Bank Account# 9900-119-0

Please reference: 30XXXX (six-digit plan # beginning with "30" specified in Section 2), participant name and Social Security number on check/wire.