

Account Application/Transfer Request

TRANSFER/CHANGE OF CUSTODIAN REQUEST

The following information is required to complete a transfer of funds in the Employer's 403(b) Plan. If assistance is needed, please contact a 403(b) Customer Service Representative at (803) 791-4923.

Employer Name

Participant Name

Social Security No.

As a participant in the above-referenced Plan, I hereby request a transfer of funds. The requested transaction represents

- Change of Custodian Plan to Plan Transfer Exchange Between Active Vendors Transfer from a Deselected Vendor

From:

Investment Company Name

To:

Investment Company Name

Contract No.

Contract Date

Contract No.

Contract Date

Address

Address

Contact Name

Contact Name

Phone

Phone

Participant Signature

Date

NOTE:

A Transfer of Custodial Responsibilities may require a Signature Guarantee by the officer of a commercial bank or financial organization authorized to this certification.

Signature Guarantee (for Transfer of Mutual Fund Investments)

Signature of Guarantor

Date

NOTE TO PARTICIPANT

The remainder of this form will be completed by the investment provider currently holding your account. Return this form to PenServ for processing.

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Data Requested for the Account(s) to be Transferred (To Be Completed by the Investment Provider/Vendor)

- A Source is a separate type of money to which different plan provisions or IRS regulations apply. Details for each Source must be provided. If no detail can be provided, the appropriate checkbox should be selected and a copy of the latest account statement attached to this form.
- A copy of the transferee contract/custodial agreement must be attached to this form.

PLEASE COMPLETE ALL THAT APPLY FOR THE FUNDS BEING TRANSFERRED:

SOURCE OF FUNDS BEING TRANSFERRED	INCEPTION TO DATE CONTRIBUTIONS/ ROLLOVER OR TRANSFER	INCEPTION TO DATE CONTRIBUTIONS DISTRIBUTED	LISTING OF AGE-50 CATCH-UP DEFERRALS BY YEAR	LISTING OF 15-YEAR CATCH-UP DEFERRALS BY YEAR	OUTSTANDING LOAN BALANCE	CURRENT BALANCE
ELECTIVE DEFERRALS						
ROTH DEFERRALS						
EMPLOYEE AFTER-TAX CONTRIBUTIONS						
EMPLOYER NON-ELECTIVE CONTRIBUTIONS						
EMPLOYER MATCHING CONTRIBUTIONS						
ROLLOVERS						
TRANSFER						
OTHER SOURCE						

Pre-87 Account Balance (12/31/86 Market Value). If any distributions have been made other than required minimums, this amount had to be reduced first. If the participant has taken a hardship distribution, this amount is reduced first.

Market Value as of 12/31/86	Total Distributions Applied to This Balance	Current Pre-87 Account Balance

Pre-89 Elective Deferrals. Hardship distributions can be applied on this entire balance, including earnings. This amount is used for hardship distributions first; therefore, if any hardship has been paid from the plan where this data is available, it would have been applied to this balance first.

Account Balance as of 12/31/1988	Hardship Distributions Paid from this Balance	Current Pre-89 Account Balance

The requested information is not available for this account.

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Hardship Information:

This employee received a hardship withdrawal from the 403(b) Plan on ____/____/____. Amount \$ _____

(This amount must be included in the above data.)

Amount Available for Hardship \$ _____

- The Amount Available for Hardship cannot be provided
- Loans are permitted from this Contract
- Hardship Distributions are not permitted under this Contract

Loan Data:

Highest Outstanding Balance in Last 12 Month Period _____

Amount Available for Additional Loan: _____

Has the Participant Ever Defaulted on a Loan? _____

If Yes, Amount of Default _____

Date of Loan Default _____

- Loans are not permitted under this Contract
- The loan information requested was not maintained under this contract.

I hereby certify that the information provided is true and correct and is provided in compliance with Internal Revenue Code and Regulations applicable to Section 403(b) Plans and that the transfer meets the requirements and restrictions of such Regulations. A copy of the transferor contract/custodial agreement must be attached to this form.

Signature for Vendor	Exact Name of Vendor
Title	Date

As the authorized representative of the above-referenced 403(b) Plan, we hereby approve the transfer of the above described assets into the accepting recipient Plan. The transfer is approved only for the values and contracts specifically described herein. Failure to follow these instructions could result in taxable consequences to the Participant.

Signature of Authorized Representative	Name and Title	Date
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