



457 DEFERRED COMPENSATION PLAN CO-PROVIDER TRANSFER FROM ICMA-RC FORM

If your employer's 457 plan has multiple retirement plan providers, you can use this form to transfer assets from your employer's 457 plan with ICMA-RC (ICMA-RC plan) to one of the co-provider's.

IMPORTANT INFORMATION

Direct transfers of assets from the VantageTrust PLUS Fund, a stable value fund, to a competing investment option offered by a co-provider are prohibited. Competing investment options may include, but are not limited to, money market funds, short-term bond funds, CD Accounts or other certificate of deposit programs, other stable value funds, and a self-directed brokerage account.

OTHER TRANSFER REQUESTS

This form should only be used to transfer assets from your ICMA-RC 457 plan to the co-provider's 457 plan offered through your employer. For all other requests, please contact ICMA-RC at 800-669-7400 for the appropriate forms.

Mail or Fax Completed Form to ICMA-RC

Mail:
ICMA-RC
ATTN: Workflow Management Team
PO Box 96220
Washington, DC 20090-6220

Fax:
ICMA-RC
ATTN: Workflow Management Team
202-682-6439

FORM INSTRUCTIONS

If you need assistance as you read the instructions and complete the form, please contact ICMA-RC.

- 1) Participant Information**
Please complete all of the information in Section 1 of the form. This will help to ensure your request is processed in a timely manner.
- 2) Transfer From: ICMA-RC Account**
Specify the ICMA-RC 457 account that you wish to transfer.
- 3) Transfer To: Co-Provider Account Information**
Provide information on the account and plan provider that will receive the transfer.

4) Transfer Amount

Please specify whether you wish to transfer your total account balance or a partial transfer of a specific dollar amount. Partial transfers will be distributed pro-rata from all eligible investments in your account, unless you specify the transfer should be taken from specific funds in your account (attach a separate document with instructions).

Please note: If you have an existing loan in your 457 plan, the loan balance is not eligible to be transferred to the co-provider plan. Any loan amount will remain in your ICMA-RC 457 plan.

If your account includes Roth assets, please review the "Roth Assets" section below.

5) VantageTrust PLUS Fund Assets

Please complete this section if you have assets invested in the VantageTrust PLUS Fund.

6) Participant Signature

Please sign and date the form.

7) Employer Signature

Your employer's signature confirms that you are eligible to transfer to the co-provider plan in Section 3. Failure to obtain the required employer signature will delay the processing of your request.

ROTH ASSETS

If your rollover includes Roth assets, the receiving plan must be a 457 plan with a Roth deferral feature. You should give careful consideration to how Roth assets are transferred, and be aware of the impact a transfer may have on when you are eligible for tax-free withdrawals of Roth assets. Please review the *Special Tax Notice Regarding Plan Payments* for additional information.

If you do not want your Roth assets included in your transfer, check box 2 in Section 4 of the form.

If the co-provider plan is not able to receive a transfer of Roth assets, these amounts may be returned to ICMA-RC.

Partial Transfers: If you request a partial transfer of a specific dollar amount, the amount will be taken from the pre-tax assets, unless you check the applicable box in Section 4 of the form.



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Employer Plan Number **Social Security Number** **Name (Please Print)**
 30 _____ - _____ - _____

<p>5 VantageTrust PLUS Fund Assets (continued)</p>	<p>By signing this form, I acknowledge that I have read and agree to the terms and conditions set forth above and hereby confirm that I will re-invest the assets being transferred from the VantageTrust PLUS Fund only into a non-competing fund(s) or other non-competing investment option(s) offered through my plan. I agree that the assets will stay in (select only one):</p> <p><input type="checkbox"/> a non-competing fund or other non-competing investment option offered by ICMA-RC for at least 90 days after transfer from the VantageTrust PLUS Fund.* Your 90-day waiting period begins on the date you initiate the fund transfer out of the VantageTrust PLUS Fund to a non-competing fund or other non-competing investment option. Please indicate the date of the transfer ____ / ____ / _____ (mm/dd/yyyy).</p> <p><input type="checkbox"/> a non-competing fund or other non-competing investment option offered by the co-provider for at least 90 days after transfer from the VantageTrust PLUS Fund.*</p> <p>Please provide the full name(s) of the non-competing fund(s) or other non-competing investment option(s) among the co-provider's investment options to which the requested transfer is being deposited:</p> <p>_____</p> <p><i>* Direct transfers from the VantageTrust PLUS Fund to a competing fund or other competing investment option are not permitted under rules and contracts governing the Fund that are designed to protect all Fund investors. For this reason, strict compliance with these rules is required of all plan participants.</i></p>
<p>6 Participant Signature</p>	<p>By signing this form, I acknowledge that I have received and reviewed the <i>Special Tax Notice Regarding Plan Payments</i>, and the additional disclosures contained in the form instructions, and I direct ICMA-RC to process the transfer specified on this form. As required by law and under the penalty of perjury, I certify that the Social Security Number (Tax Identification Number) I have provided is correct.</p> <p>_____ ____/____/____ U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No Participant Signature Month Day Year</p>
<p>7 Employer Signature</p> <p>For Employer Use</p>	<p>By signing, the employer confirms the participant is eligible to transfer assets from the ICMA-RC 457 plan to the co-provider plan designated in Section 3.</p> <p>_____ ____/____/____ Authorized Employer Official's Signature Month Day Year</p> <p>_____ _____ Authorized Employer Official's Name (Please Print) Authorized Employer Official's Title (Please Print)</p>