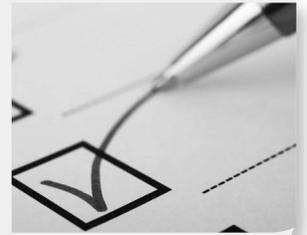


DIRECT ROLLOVER/TRANSFER TO ICMA-RC FORM CHECKLIST

Use this Checklist to help you complete the form on the following pages so that we can process your transfer of assets to your ICMA-RC plan account(s).

By providing all the necessary information, we can avoid delays and take care of your request as soon as possible.



COMPLETING THE FORM

SECTION 1 – YOUR PERSONAL INFORMATION

SECTION 2 – WHERE ARE THE ASSETS TRANSFERRING TO

- Confirm and enter the plan number your assets are transferring into.

SECTION 3 – WHERE THE ASSETS ARE TRANSFERRING FROM

- Enter your the provider's name, address, and plan number.
- Check this box if your provider requires a Letter of Acceptance.

SECTION 3a – PROVIDER WHERE THE ASSETS ARE TRANSFERRING FROM

- Check whether you want 100% liquidation or a partial and enter a dollar amount.
- Confirm that your 457(b), 401(k), 401(a), or 403(b) plan permits roll-ins of Roth assets prior to requesting a rollover. **Note: other after-tax assets are not eligible for a rollover into a 457(b) plan.**

SECTION 4 – ROLLOVER INVESTMENT ALLOCATION

SECTION 5 – YOUR SIGNATURE

- Sign and date. (Enter the date of your signature.)

SECTION 6 – SIGNATURE GUARANTEE

- Verify with transferring provider if needed. If so, provide a **clear** copy of your driver's license.

SENDING THE FORM

- Include the completed form.
- Attach most recent provider statement, if you are rolling over Roth assets.
- Mail or fax. (If your provider requires the original Direct Rollover Transfer Form, mail to the address below.)

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

MAIL:
ICMA-RC
ATTN: Workflow Management Team
P.O. Box 96220
Washington, DC 20090-6220

IMPORTANT REMINDERS...

Confirm that:

- You are enrolled in the plan you want to roll assets into (your employer's plan).
- Your plan allows you to roll in assets.
- You verified with your current plan provider the steps required to initiate your rollover or transfer.
- You complete this form with the requested information, sign it, and submit it to ICMA-RC.

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Direct Rollover/Transfer To ICMA-RC Form - Page 1 of 3



- You must be enrolled in your employer plan prior to submitting this form. If you are not sure contact your Retirement Plan Specialist.
- Confirm with your provider what is needed to liquidate your assets.
- If you are taking receipt of your rollover check and/or Roth Assets, attach a copy of the Letter of Acceptance from ICMA-RC and a statement from your provider that displays your contribution types.
- Please print legibly in blue or black ink. The Direct Rollover/Transfer form must be completed in its entirety.
- If your provider requires the original Direct Rollover/Transfer form do not fax. Mail to the address located at the bottom of the form.

<p>1 Personal Information</p> <p><input type="checkbox"/> Check this box if there are any changes. If you have more than one ICMA-RC account, any change will be made across all of your accounts.</p>	<p>Full Name of Participant _____ Email _____</p> <p>Last _____ First _____ M.I. _____</p> <p>Social Security Number (for tax reporting purposes) _____ Date of Birth _____</p> <p>_____-_____-_____ / ____/____/____ Month Day Year</p> <p>Mailing Address/Street _____</p> <p>City _____ State _____ Zip Code _____</p> <p style="text-align: right;">Preferred Phone Number (_____) _____ - _____ Area Code</p> <p style="text-align: right;">Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single</p>
<p>2 Transfer To</p>	<p>I want to transfer assets to my ICMA-RC Plan: (Check only one box. Each transfer requires a separate form.)</p> <p><input type="checkbox"/> 457(b) Plan Account Number: 3 0 _____ Employer Plan Name _____</p> <p><input type="checkbox"/> 401(a) Plan Account Number: 1 0 _____ Employer Plan Name _____</p> <p><input type="checkbox"/> 401(k) Plan Account Number: 1 0 _____ Employer Plan Name _____</p> <p><input type="checkbox"/> 403(b) Plan Account Number: 4 0 _____ Employer Plan Name _____</p>
<p>3 Transfer From (Other Provider Account Information)</p>	<p>*Must be completed – lack of provider information may delay your transfer request.</p> <p>I am requesting a direct rollover from the account specified below.</p> <p><input type="checkbox"/> 457(b) plan <input type="checkbox"/> 401(a) plan <input type="checkbox"/> 401(k) plan <input type="checkbox"/> 403(b) plan <input type="checkbox"/> Traditional IRA <input type="checkbox"/> Roth Assets <input type="checkbox"/> Other: _____</p> <p>Plan Provider Name: _____</p> <p>Eligible Employer Plan (if applicable): _____</p> <p>Plan Provider Phone Number: (____) _____ - _____</p> <p>Plan Provider Address: _____</p> <p>City* _____ State* _____ Zip Code* _____ - _____</p> <p>Participant Account Number: _____</p> <p>Does your provider require a Letter of Acceptance? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>3a Transfer Amount (must be completed)</p> <p>Roth or Other After-Tax Assets</p>	<p>Please confirm that your 457(b), 401(a), 401(k), or 403(b) plan permits roll-ins of Roth assets prior to requesting a rollover. Note: Other after-tax assets are not eligible for a rollover into a 457(b) plan.</p> <p>I wish to liquidate and transfer:</p> <p><input type="checkbox"/> 100% of my account balance. Estimated Transfer Amount \$ _____ OR</p> <p><input type="checkbox"/> Partial transfer in the amount of \$ _____.</p> <p>Note: If the recipient plan specified in Section 2 of this form is not able to accept a rollover of Roth or other after-tax assets, these amounts will be distributed to you, or you can establish a Roth IRA with ICMA-RC. Similarly, other after-tax assets will be returned to you if received.</p> <p>_____% Specify an alternate percentage if you want your current provider to distribute less than 100% of your Roth assets.</p> <p>Note to Transferring Financial Organization – If the transfer includes Roth assets or other after-tax assets, please note the following on the check/wire: 1 the amount of Roth or other after-tax contributions, 2 the amount attributable to earnings on the Roth or other after-tax contributions, and 3 the date of the participant's first Roth contribution (if applicable). For transfers to a 457(b) plan, the amount of non-457(b) rollover assets subject to early withdrawal penalty, (if any) should be noted.</p>

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Direct Rollover/Transfer To ICMA-RC Form - Page 2 of 3

Employer Plan Number _____

Social Security Number _____ - _____ - _____

4 Rollover Investment Allocation

Assets will be invested in your account according to your rollover allocation instructions. You can provide or confirm your rollover investment allocation by accessing your account online at www.icmarc.org and select the "Manage My Account" tab and the "Future Allocations" menu option or by contacting ICMA-RC. Read below for information on how rollover assets will be invested in the absence of valid rollover allocation instructions.

457(b) Plan: In the absence of valid rollover allocation instructions, assets will be invested according to the allocation instructions for 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).

New York State 457(b) Deferred Compensation Plan: If your 457(b) 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).

401(a) Plan:* In the absence of valid rollover allocation instructions, assets will be invested in the default fund selected by your employer.

403(b) Plan: In the absence of valid rollover allocation instructions, assets will be invested in the default fund selected by your employer.

ICMA-RC 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 accessing your account online at www.icmarc.org or by contacting ICMA-RC.

* Includes 401(k) Plans.

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 ICMA-RC account specified in Section 2 of this form.

Signature _____ Date _____ / _____ / _____
Month Day Year

6 Signature Guarantee

Signature Guarantee

Some plan providers require a signature guarantee on the transfer request form (ICMA-RC does not). Please check with your current plan 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.

Authorized Officer to Place Stamp Here

Guarantor

Title

(EXTERNAL)

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Direct Rollover/Transfer To ICMA-RC Form - Page 3 of 3

Employer Plan Number _____

Social Security Number _____

7 ICMA-RC Authorization

ICMA-RC hereby attests that it maintains an eligible 457(b), 401(a), 401(k), or 403(b) plan account for the above named individual and will accept the above referenced transfer of assets.

Authorized Signature, ICMA-RC

Assistant Secretary
Title

8 Check/Wire Instructions for Former Trustee/ Custodian

Please review Section 2 to determine if the assets are being transferred to a 457(b) plan or 401(a) plan account and follow the appropriate instructions.

457(b) Plan

Check information:

Make check(s) payable to Vantagepoint Transfer Agents/457(b)
FBO Participant's Name, last four digits of SSN, and Plan number
C/O M & T Bank
P.O. Box 64553
Baltimore, MD 21264-4668

Wire Instructions:

M & T Bank
ABA #022000046
Vantagepoint Transfer Agent/457(b)
Account # 42538001

Please provide the plan number to which assets should be transferred. This should match the six-digit number you provided in Section 2. Include investor name and SSN on check/wire.

Roth and Non-457(b) Rollover Assets – If the transfer includes **Roth assets** please note the following on the check/wire: 1) the amount of Roth contributions, 2) the amount attributable to earnings on the Roth contributions, and 3) the date of the participant's first Roth contribution. The amount of **non-457(b) rollover assets** (if any) should also be noted.

401(a) Plan/401(k) Plan/403(b) Plan

Check information:

Make check(s) payable to Vantagepoint Transfer Agents/401(a)/401(k)/403(b)
FBO Participant's Name, last four digits of SSN, and Plan number
C/O M & T Bank
P.O. Box 64668
Baltimore, MD 21264-4668

Wire Instructions:

M & T Bank
ABA #022000046
Vantagepoint Transfer Agent/401(a)/401(k)/403(b)
Account # 42537981

Please provide the plan number to which assets should be transferred. This should match the six-digit number you provided in Section 2. Include investor name and SSN on check/wire.

Roth and Other After-Tax Assets – If the transfer includes **Roth or other after-tax assets** please note the following on the check/wire: 1) the amount of Roth or other after-tax contributions, 2) the amount attributable to earnings on the Roth or other after-tax contributions, and 3) the date of the participant's first Roth contribution (if applicable).

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