

Governmental 403(b)/457(b) Transfer Request

Instructions

To request a transfer of your 457(b) /403(b) governmental plan account to another 457(b) /40(3b) governmental plan, complete all applicable sections of this form and return it to Diversified at the above address. For transfers to multiple financial institutions, complete a separate form for each institution. This transfer is based on your severance of employment with the employer sponsoring this plan and you are currently employed with a governmental employer sponsoring an eligible 457(b)/403(b) plan.

Section A. Employer Information

Company/Employer Name

Contract/Account No. Affiliate No. Division No.

Section B. Participant Information

Social Security No. Date of Birth
(mm/dd/yyyy)

First Name/Middle Initial Last Name

Mailing Address

City State Zip Code

Phone No. Ext.

E-mail Address

Section C. Transfer Information

Note: Do not complete this Section C. if this transfer is for a Permissive Service Credit to a defined benefit governmental plan. Instead, you must complete Section D. below.

Transfer Options

- Full Transfer** - Transfer my entire account.
- Partial Transfer** - Transfer my entire account.
- \$ _____
- the portion of my account not subject to withdrawal charge.

Note: Any remainder will be distributed to you. Please complete Distribution Request, Form No. 2732.

New Employer Name _____

New Employer Address _____

457(b) Plan Provider Name _____

457(b) Plan Provider Address _____

457(b) Plan Account No. _____

457(b) Plan Provider Contact Name/Phone No. _____

A Letter of Acceptance from the provider receiving this transfer must accompany this request, and must include: name and address of provider, confirmation that the receiving plan is a governmental 457(b) plan, and authorized signature of provider. For any participant that has Roth money, the Letter of Acceptance must also state that the receiving plan is a Roth Plan that accepts Roth money.

Section D. Payment Options

- Check. *Note: Please note that if you request a check as the method of payment and you do not receive it, Diversified's policy is to wait 10 business days from the check issue date before placing a stop payment at the bank.*
- Wire transfer *Note: Option available only for full transfer or partial transfer of at least \$5,000. Any transfer less than \$5,000 will be processed in the form of a check. Please complete the Wire Transfer Form (attached).*

Note: If one of the above payment options is not selected, this transfer will be processed in the form of a check.

Section E. Trustee-to-Trustee Transfers for Permissive Service Credit

Transfer Options (amount must be approved in writing by Trustee or Sponsoring Employer)

- Full Transfer** - Transfer my entire account.
- Partial Transfer** - Transfer my entire account.
 - \$ _____
 - the portion of my account not subject to withdrawal charge.

Trustee of Defined Benefit Governmental Plan _____

Name of Governmental DB Plan _____

Name of Governmental Employee _____

Address of Governmental Employer _____

Address of Trustee _____

Contact Name/Phone No. of Trustee _____

A Letter of Acceptance from the trustee of the DB government plan receiving this transfer must accompany this request, and must include: name and address of trustee, confirmation that the receiving plan is a defined benefit governmental plan, that such plan accepts trustee-to-trustee transfers for permissive service credit, and the authorized signature of the trustee.

Section F. Signatures

I certify that this transfer request is to my current employer who maintains an eligible 457(b) governmental plan, and such plan accepts plan-to-plan transfers from eligible governmental 457(b) plans. I understand that a withdrawal charge of up to 5% of the amount transferred from any Fixed Fund may apply (*please call Diversified at 800-755-5801 for further information*). If I hold an investment in SecurePath for Life, I have received and read the Special Notice to SecurePath for Life Participants, which contains important additional information about the impact of withdrawals on my SecurePath for Life benefit. I certify that the information provided on this form is correct and complete.

X _____ **X** _____
 Participant Signature Date

X _____ **X** _____
 Print Name Social Security Number

I certify that this transfer request is permissible under the terms of the plan and complies with current regulations, and that the information provided on this form is correct and complete.

X _____ **X** _____
 IPPFA/NPPFA Benefits Signature Date

If you have questions regarding the completion of this form, please call NPPFA Benefits at 866-994-6312

Return your completed form(s) to:
 NPPFA Benefits
 1701 E. Lake Ave., Suite 400
 Glenview, IL 60025

Or, you may fax your completed form to 866-994-6312

Wire Transfer Form

ABA No. | |_| |_| |_| |_| |_| |_| |_| |_| |_| |_|

Bank Name _____

Institution Name (Rollover Company) _____

Institution Address _____

Bank Account No. _____

“Further Credit To” _____

Important: Because a bank receiving wire transfer funds does not verify with Diversified the identity of the account holder (the account number you indicate on this form), in order to protect you and your retirement plan against fraudulent withdrawals from your account, your signature must be notarized.

I certify that the indicated account is held in my name and the information provided on this form is correct and complete.

X _____

Participant Signature

X _____

Date

X _____

Print Name

Certificate of Acknowledgement

State of _____ County of _____

On _____ (notary date), before me, _____ (notary name printed),

personally appeared, _____ (participant name printed)

personally known to me -- OR --

proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument

WITNESS my hand and official seal

X _____

Notary Public Signature and Stamp/Seal

X _____

Date