

Exchange / Transfer / Rollover Request

This document includes:

-) Checklist
-) Request Form



Saving Today for Your Tomorrow

Consolidate your retirement assets

Retirement Account Exchange / Transfer / Rollover Checklist

Please note before you complete this form: If you do not currently hold an account with FPS Trust Company, LLC (“FPS”), you must complete a retirement account application prior to requesting an Exchange / Transfer / Rollover. **For rollovers, you must initiate the transaction directly with the sending institution. Then you must provide FPS with a copy of all necessary documentation.**

For FPS to process an Exchange / Transfer / Rollover Request, it is important that you adhere to the procedures and provide the documentation listed below:

Employer and/or Designated Administrator’s Authorization Form

Please check with your Employer and/or Designated Administrator for additional procedures and documentation for the approval of Exchange / Transfer / Rollover request. This authorization form must be signed prior to submittal of Exchange / Transfer / Rollover paperwork. For Plan(b), the Designated Administrator is TSA Consulting Group, Inc. (“TSA”).

FPS’s Exchange / Transfer / Rollover Request Form

STEP 1 Account Holder information -- ALL information is required.

STEP 2 Destination Account -- Indicate what type of account should receive the assets.

STEP 3 Current Account Information -- ALL information is required. Required Documents include:

- Account Statement** -- Please provide a copy of your current account statement
- Surrendering Vendor Form (if applicable)** - Please verify the Exchange / Transfer / Rollover policy with the sending institution and obtain any necessary distribution forms. Generally, you must call the surrendering vendor to obtain the proper information and/or forms.

STEP 4 Exchange / Transfer / Rollover Instructions. Please indicate the method of Exchange / Transfer / Rollover -- select **only** one method. ***Note—Select the first box for In-Kind requests; if necessary, attach additional documentation.** For liquidation requests, select one of the remaining three boxes.

STEP 5 Signature and Acceptance -- Signatures **REQUIRED** for the following:

- Account Holder
- Employer/Plan Administrator

A Signature Guarantee is **mandatory** for the Account Holder’s Signature. The Signature Guarantee requirement on Employer/Plan Administrator signature is dependent on the surrendering vendor’s policy. Please verify requirements with surrendering vendor.

[Account Holders may obtain a Signature Guarantee from a local bank.](#)

Please review the above before you submit your request.

Incomplete forms will not be processed and will be returned to you.

Thank you,

FPS Trust Company, LLC

Questions? Call Plan(b) Customer Information at (866)planb86 (866-752-6286), M - F, 7am - 5pm CST.

Exchange / Transfer / Rollover Request

ACCOUNT #

Complete this form to move funds into an FPS retirement account. Please note that money received as an exchange/ transfer / rollover will be invested in accordance with the Account Holder's investment instructions in effect at that time. The completed form, including the Employer/Administrator signature if applicable, should be mailed to the address on the bottom of this form for processing. Please attach a copy of a recent account statement. Please contact the Employer or the resigning Insurance Company/Custodian for additional forms or requirements prior to submitting this form. **NOTE: For rollovers, the Account Holder must initiate the transaction directly with the sending institution.**

- Contract Exchange:** exchange assets within current employer's plan from an approved provider to FPS.
- Plan-to-Plan Transfer:** move assets from an account with the prior employer to the new account with the current employer.
- Direct Rollover:** transfer of assets from one plan type to another (i.e., 401(k) to 403(b), 403(b) to IRA, etc.)
- Other** _____

STEP 1 Account Holder Information

First Name		M.I.	Last Name	
Address (Street Address only, P.O.-Boxes not accepted)				Apartment/Suite
City		State	Zip	
Phone Number	Email Address	Social Security Number		
Current Employer Name		Current Employer Phone Number	Plan ID #	

STEP 2 Destination Account

Account Holder requests the assets be exchanged / transferred / rolled over into Account Holder's retirement account indicated below (check only 1 box):

- | | | | |
|--|--|---|---|
| 403(b)
<input type="checkbox"/> Pre-Tax
<input type="checkbox"/> ORP
<input type="checkbox"/> Roth
<input type="checkbox"/> Other _____ | 401(k)
<input type="checkbox"/> Pre-Tax
<input type="checkbox"/> Roth
<input type="checkbox"/> Other _____ | IRA
<input type="checkbox"/> Pre-Tax
<input type="checkbox"/> Roth
<input type="checkbox"/> After-Tax | <input type="checkbox"/> SIMPLE IRA
<input type="checkbox"/> SEP or SAR-SEP
<input type="checkbox"/> 457 Plan
<input type="checkbox"/> Other Acct. _____ |
|--|--|---|---|

STEP 3 Sending Account Information

Please verify the exchange / transfer / rollover policy of the sending institution. If necessary, obtain the sending institution's exchange / transfer / rollover paperwork. Please attach a copy of a recent account statement. The assets exchanged / transferred / rolled over into this plan result from an exchange / transfer / rollover from this type of account (check only 1 box):

- | | | | |
|--|--|---|--|
| 403(b)
<input type="checkbox"/> Pre-Tax
<input type="checkbox"/> ORP
<input type="checkbox"/> Roth
<input type="checkbox"/> Other _____ | 401(k)
<input type="checkbox"/> Pre-Tax
<input type="checkbox"/> Roth
<input type="checkbox"/> Other _____ | IRA
<input type="checkbox"/> Pre-Tax
<input type="checkbox"/> Roth
<input type="checkbox"/> After-Tax | <input type="checkbox"/> SIMPLE IRA
<input type="checkbox"/> SEP or SAR-SEP
<input type="checkbox"/> 457 Plan |
|--|--|---|--|

Name of Insurance Company or Current Custodian (where funds are currently held)		Contract/Account Number	
Mailing Address		Dept.	
City, State Zip		Phone Number	

If requesting a Plan-to-Plan transfer, please provide the following information:

Former Employer Name	Former Plan ID #	Former Employer Phone Number
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By this Agreement, Account Holder directs the Insurance Company/Custodian to transfer the cash surrender value/asset value of his/her tax-sheltered annuity contract/retirement custodial account as indicated below.

Please initial to acknowledge the following statements:

- Account Holder acknowledges that shares on the FPS platform will be held at the plan level and may not be eligible for aggregation with Account Holder's personal and/or individual assets for breakpoint purposes.
- Account Holder acknowledges that transfer assets are subject to any and all account fees assessed by FPS.

Please mail the completed form and all required supporting documents to: TSA Consulting Group, ATTN: Transfers Dept., P.O. Box 4037, Fort Walton Beach, FL 32549.

STEP 4 Exchange/Transfer/Rollover Instructions (Instructions to the Current Insurance Company or Custodian)

May not be applicable for rollovers coming from 401(k) plans. These transactions must be initiated by the Account Holder, directly from the sending institution.

- Transfer all of the assets in-kind into the existing retirement custodial account (transfer in-kind may be subject to fund availability and account/plan provisions).
Note: Any in-kind transfer of assets in which the share class of the transfer is different from the share class of the current investment elections may result in those shares being restricted from internal transfers, realignments or rebalance transactions. Account Holder or Account Holder's authorized agent may contact FPS to move these assets if desired.
- Penalty Free Amount: Liquidate and transfer the value of the eligible retirement account which is not subject to surrender or CDSC charges.*
- Transfer _____% of the cash surrender value/asset value of the eligible retirement account.*
- Transfer \$ _____ of the cash surrender value/asset value of the eligible retirement account.*

***Liquidated/Cash transfers will be invested as per my current investment elections.**

STEP 5 Signature & Acceptance

ACCOUNT HOLDER SECTION

Transfer the above mentioned account/contract to a retirement account offered by FPS Trust Company, LLC ("FPS"). Account Holder understands that he/she may deposit only retirement funds that are allowed under his/her current Employer's Plan. Account Holder has verified with his/her current Employer that these funds can be deposited according to the Plan Provisions. **By signing below Account Holder declares this information is correct.**

▶ ACCOUNT HOLDER SIGNATURE --
Account Holder Signature Date (month / day / year)

Signature Guarantee: The existing retirement account provider may require a signature guarantee of the Account Holder. To obtain a signature guarantee, the Account Holder must sign this form and have it medallion signature guaranteed. A notarization from a notary public does not meet signature guarantee requirements.

▶ AUTHORIZED SIGNATURE (STAMP AND TITLE) --
Authorized Signature (Stamp and Title) Date (month / day / year)

SPONSOR SECTION

Based on the information above, this exchange / transfer / rollover contribution is acceptable according to the plan provisions. The Custodian named below is hereby directed to accept this rollover contribution.

▶ EMPLOYER/PLAN ADMINISTRATOR SIGNATURE --
Employer/Plan Administrator Signature Date (month / day / year)

FOR ADMINISTRATOR INVESTMENT VENDOR USE ONLY

FPS or its designee has established a custodial account and both parties an account with the designated custodian and both parties will accept the transfer as described in STEP 4 - "Exchange / Transfer / Rollover Instructions."

▶ AUTH SIGNATURE FPS/CUSTODIAN --
Authorized Signature FPS/Custodian Date (month / day / year)

**Surrendering firm
mailing instructions:**



Make Checks Payable to:

FPS Trust Company

FBO: (Participant Name)

FPS Acct. # _____

Regular mail:

P.O. Box 3009 Englewood, CO 80155

Overnight mail:

9200 E Mineral Ave Suite 225

Centennial, CO 80112