

**403(b)(7) ACCOUNT TRANSFER REQUEST FORM**

Please complete this form if you wish to transfer or directly roll over all or a portion of your current IRA, qualified Plan, governmental 457(b)(7) Plan or 403(b) Plan to The Bank of New York Mellon Custodial 403(b)(7) Account. BNY will contact your current plan administrator/trustee/custodian with instructions on how to deposit the assets into your current account. If this is a new account, please attach a completed 403(b)(7) Custodial account application. We will handle all details of the transfer/rollover process for you.

**1. EMPLOYEE AND EMPLOYER INFORMATION**

Name (first, middle initial, last)	Date of Birth
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Address	City	State	Zip
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Social Security #	Phone Number	Cell Phone Number
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Employer

Employer Address	City	State	Zip
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Employer Phone Number

Are you still working for this employer?   ☐ Yes   ☐ No

**2. INFORMATION REGARDING YOUR ACCOUNT TO BE TRANSFERRED**

Please provide the following information about your current trustee or custodian and your current retirement account.

Name of Institution Currently Holding Your IRA, Qualified Plan, Governmental 457(b) Plan or 403(b)(7) Plan Account

Address	City	State	Zip
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Current IRA or Plan Account #	Phone Number
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Please check the box indicating the source of your retirement funds you wish to transfer or directly roll over. *(Please be sure that the information here is consistent with Section 3).*

☐ Traditional (Regular) IRA   ☐ Rollover IRA   ☐ SEP-IRA   ☐ Qualified Plan (e.g. 401(k) Plan), Governmental 457(b) Plan or 403(b)(7) Plan\*

\*If the funds are coming from a Qualified Plan, 457(b) Plan or 403(b)(7) Plan, contact that Plan Sponsor to inquire about special requirements for releasing the assets.

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### 3. TRANSFER INFORMATION

Please check the box that applies to the type of transaction you are requesting:

☐ **Transfer.** I authorize the Custodian/Trustee of my 403(b)(7) account to transfer the assets to my 403(b)(7) Account as follows:

Please transfer ☐ All (100%) or a part \$\_\_\_\_\_ or \_\_\_\_\_% of the account listed in Section 2 to my 403(b)(7) Account. All amounts transferred must be in **cash**.

☐ **Direct Rollover.** I authorize the Plan Administrator/Trustee/Custodian of my IRA, qualified Plan, or governmental 457(b) Plan to directly rollover my eligible rollover distribution directly to my 403(b)(7) Account as follows:

Please rollover ☐ All (100%) or a part \$\_\_\_\_\_ or \_\_\_\_\_% of the account listed in Section 2 to my 403(b)(7) Account. All amounts directly rolled over must be in **cash**.

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### 4. 403(b)(7) INFORMATION

Please check the appropriate box:

☐ I am establishing a new 403(b)(7) account and have enclosed a completed 403(b)(7) Custodial Account Application.

☐ I have an existing 403(b)(7) account. Please provide your 403(b)(7) account number: \_\_\_\_\_

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### 5. SIGNATURE OF EMPLOYEE

I understand that the tax law rules governing tax-free transfers to a 403(b)(7) custodial account from another account or annuity contract are complex and that I and my employer are responsible for complying with all such requirements and for the tax results of this transfer. If I am currently a participant in a 403(b)(7) plan, I understand that I am responsible for obtaining the authorization of my employer on this form. I have consulted with appropriate professional tax advisers to the extent that I deem needed. I also understand that, if I am currently required to receive required minimum distributions under the age 70½ rules, I may not transfer any amount that is a required minimum distribution for the current calendar year (consult with your tax adviser if you are subject to these rules; an attempted transfer of a required minimum distribution may result in adverse tax consequences). I certify that the amount transferred does not include any amounts which are required to be distributed to me under the IRS minimum distribution rules. I also acknowledge that I have received and read the current prospectus for each of the Fund(s) selected above (if applicable).

**By signing below, you acknowledge that mutual fund shares are not obligations of, or guaranteed or endorsed by, any bank or the U.S. government and are not federally insured by the Federal Deposit Insurance Corporation, the Federal Reserve Board or any other agency, and that all mutual fund shares involve certain investment risks, including the possible loss of principal.**

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Signature

Date

Contact the resigning custodian/trustee to determine if needed.

Medallion Signature Guarantee

The Transfer Agent has adopted standards and procedures pursuant to which Medallion Signature Guarantees in proper form generally will be accepted from domestic banks, brokers, dealers, credit unions, national securities exchanges, registered securities associations, clearing agencies and savings associations participating in the New York Stock Exchange Medallion Signature Program (MSP), the Securities Transfer Agents Medallion Program (STAMP) and the Stock Exchanges Medallion Program (SEMP). Notarization by a Notary Public is not an acceptable guarantee.

I certify that our 403(b)(7) plan will accept the direct rollover/transfer as described in Section 2 above.

If the account to be transferred is part of a 403(b)(7) plan arrangement, I certify that the requirements for a valid transfer under Internal Revenue Code Section 403(b)(7) have been met and that I have or will enter into a 403(b)(7) plan information sharing agreement with us if applicable as required by IRS regulations.

Signature of Employer or Plan Administrator

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Date \_\_\_\_\_

Please mail this form to:

BNY Shareholder Services  
P.O. Box 534434  
Pittsburgh, PA 15253-4434

For registered, certified or overnight mail, please mail to:

BNY Shareholder Services  
Attention: 534434  
500 Ross Street, 154-0520  
Pittsburgh, PA 15262

For assistance: 1-800-358-0910

