



Complete this *457(b) Plan Incoming Transfer Form* to initiate a tax-free transfer to your account under the 457(b) Plan sponsored and maintained by your employer ("Employer") and administered by Pension Fund of the Christian Church (Disciples of Christ) ("Pension Fund"). You must already have an account under the 457(b) Plan or contemporaneously complete and submit a *457(b) Plan Enrollment Form* with this Form before you can transfer money to the 457(b) Plan. You may complete a tax-free transfer in each of the following circumstances:

- **Plan Transfer from another 457(b) Plan of Current Employer.** If your current employer sponsors more than one 457(b) plan, you may use this form to transfer your account under the other 457(b) plan to this 457(b) Plan.
- **Plan Transfer from 457(b) Plan of Former Employer.** If your former employer sponsors a tax-exempt 457(b) plan in which you are a participant and that plan allows transfers, you may use this form to transfer your account under the other 457(b) plan to this 457(b) Plan. *Transfers are not permitted from governmental 457(b) plans.*

Following a transfer, your transferred accounts will be subject to the distribution restrictions set forth in the 457(b) Plan document.

Complete a separate Form for each transfer.

- PLEASE TYPE OR PRINT CLEARLY -

I. PARTICIPANT INFORMATION

Name _____ Account No. _____
(first) (middle) (last/family) (if opening a 457(b) account, write "TBA")

☐ *Check here if there has been a change to your contact information on file.*

Home Address _____

City _____ State _____ Country _____ Zip Code _____ - _____

Daytime Phone Number (_____) _____ E-Mail Address _____

II. TRANSFER INFORMATION

Attach a copy of the most recent account statement from the transferor 457(b) plan.

Name of Transferor 457(b) Plan _____ Account/Contract No. _____

Name of Tax-Exempt Organization Sponsoring Transferor 457(b) Plan _____

Name of Custodian/Trustee/Investment Provider _____

Mailing Address _____

City _____ State _____ Country _____ Zip Code _____ - _____

Phone Number (_____) _____ Approximate Account Value \$ _____

Transfer Instructions for Custodian/Trustee/Investment Provider of the Transferor 457(b) Plan: Please transfer the full or partial value of the 457(b) plan identified above directly to the 457(b) Plan, a tax-exempt 457(b) eligible deferred compensation plan sponsored and maintained by the Employer and administered by Pension Fund of the Christian Church (Disciples of Christ), as follows:

- ☐ Liquidate and process a partial transfer of \$ _____ or _____ % of my 457(b) plan account directly to my account under the 457(b) Plan administered by Pension Fund.
- ☐ Liquidate and process a transfer of my entire 457(b) plan account directly to my account under the 457(b) Plan administered by Pension Fund.

MAKE CHECK PAYABLE TO: **Pension Fund of the Christian Church**
For the benefit of [Insert Name of Account or Contract Holder]

III. PARTICIPANT CERTIFICATIONS AND SIGNATURE

By signing this Form, I make the following certifications:

- I certify that the transferor 457(b) plan is sponsored and maintained by a tax-exempt organization described in Internal Revenue Code Section 457(e)(1)(B) that is not a governmental employer, and that the 457(b) plan permits this transfer.
- If this is a transfer from a 457(b) plan of a former employer, I certify that I have had a severance from employment with the tax-exempt organization sponsoring and maintaining the transferor 457(b) plan.
- I understand that this transfer is not a distribution, and that I may not take a distribution from the 457(b) Plan until I have a severance from employment or meet another distribution event permitted under the terms of the 457(b) Plan document.
- I understand that the personal information provided on this Form will be used by Pension Fund to process my transfer request and to provide participant services to me under the Plan.
- I understand that Pension Fund will rely on the representations I have made on this Form, and I hereby release Pension Fund from any liability regarding the accuracy of these representations.
- I understand that I am responsible for any tax consequences arising from this transfer.
- I have attached a copy of the most recent account statement from the transferor 457(b) plan.

My signature on this Form authorizes the custodian/trustee/investment provider of the transferor plan to release any and all information regarding my account to Pension Fund in any form requested by Pension Fund.

Participant Signature _____ Date ____/____/____

IV. EMPLOYER DIRECTION AND SIGNATURE

I, an authorized representative of the Employer, direct Pension Fund to credit this transfer contribution to the participant's account under the 457(b) Plan.

Employer Representative Signature _____ Date ____/____/____

Printed Name _____

Return the completed Form and most recent account statement to Pension Fund at the address below.

IMPORTANT: Retain a copy of this completed Form for your records.

Pension Fund of the Christian Church

P.O. Box 6251, Indianapolis, Indiana 46206-6251

Toll Free Phone: 1.866.495.7322 • Phone: 317.634.4504 • Fax: 317.634.4071

E-mail: pfcc1@pensionfund.org • Website: www.pensionfund.org

In reliance on the above certifications, Pension Fund agrees to accept the above transfer for the benefit of the above participant, which will be credited to the participant's 457(b) Plan account.

Pension Fund Representative _____ Date ____/____/____

[Do not write in this box – for Pension Fund use only]