

Request for a Contract Exchange

A transfer from one vendor to another vendor within the same 403(b) or 457 (b) plan will only be allowed if the vendor to which you wish to transfer assets has entered into an information sharing agreement with your employer. This type of transfer is also referred to as a contract exchange. To determine whether you can do a contract exchange between vendors who hold assets for this 403(b) or 457 (b) plan, please complete the following information.

It is important that you do not transfer any assets without first obtaining a voucher. Any transfer that is made that does not comply with the regulations could cause the loss of the tax-qualified status of the money transferred to the vendor. If this happens, the money will become taxable to you.

If it is determined that a written agreement has been established, a voucher will be issued approving the transfer. However, some vendors may not allow transfers in and/or out of their contracts or accounts. For those vendors that allow transfers, they may require that you provide additional information. Please be aware that vendors may impose additional processing restrictions or requirements in order to do a transfer from a specific contract or account. Therefore, completion of this request does not ensure approval of the transfer.

Section A: Participant Information

Plan Name: School District of the City of St. Charles 403(b) / 457 (b) Plan	Plan Number: 105701
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Please print clearly.			
			<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Last Name	First Name	M.I.	Social Security Number (SSN)
Date of Birth			
Address			
City		State	Zip Code
Is this a new address? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Daytime Phone Number:		When Available?	
Evening Phone Number:		When Available?	
In order to expedite the process, a voucher can be automatically sent to you by e-mail or fax. Would you like the voucher e-mailed to you? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide a valid e-mail address: _____ Would you like the voucher faxed to you? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide a valid fax number: _____			

Section B: Additional Contracts/Accounts

Do you have any other contracts or accounts with money under this plan with any other vendors other than what is listed below:	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Please list other contracts or accounts with money under this 403(b) or 457 (b) plan with any vendors other than:

403(b) FundSource
American Fidelity Assurance Company
Ameriprise Financial Services Inc
AXA Equitable
Commonwealth Annuity and Life Insurance Company
FSL-FTJ FCS 457 (Fidelity Security Life-457b)
GWN Securities, Inc
Horace Mann Companies
ING Life Insurance and Annuity Company
ING Reliastar
Lincoln Investment Planning
Mass Mutual Financial Group
Mass Mutual Finance Group (Mass Variable)
Metlife (AKA General American)
MetLife Investors
Oppenheimer Funds
Security Benefit Group of Companies
Vantage Credit Union (457b)

(do not include any amounts from a different employer):

Vendor Name	Account Number	Account Balance Date	Account Balance
			\$
			\$
			\$

Section C: Choose a Vendor

Select a vendor and enter the amount you wish to transfer from one vendor to another vendor from list below.
 You will need to complete a separate request for each transfer.

Transfer from Account

Vendor Name	Account Number	Total Account Balance
<input type="checkbox"/> 403(b) FundSource		\$
<input type="checkbox"/> American Fidelity Assurance Company		
<input type="checkbox"/> Ameriprise Financial Services Inc		
<input type="checkbox"/> AXA Equitable		
<input type="checkbox"/> Commonwealth Annuity and Life Insurance Company		
<input type="checkbox"/> FSL-FTJ FCS 457 (Fidelity Security Life-457b)		
<input type="checkbox"/> GWN Securities, Inc		
<input type="checkbox"/> Horace Mann Companies		
<input type="checkbox"/> ING Life Insurance and Annuity Company		
<input type="checkbox"/> ING Reliastar		
<input type="checkbox"/> Lincoln Investment Planning		
<input type="checkbox"/> Mass Mutual Financial Group		
<input type="checkbox"/> Mass Mutual Financial Group (Mass Variable)		
<input type="checkbox"/> Metlife (AKA General American)		
<input type="checkbox"/> MetLife Investors		
<input type="checkbox"/> Oppenheimer Funds		
<input type="checkbox"/> Security Benefit Group of Companies		
<input type="checkbox"/> Vantage Credit Union (457b)		

Transfer to Account

Approved Vendor Name	Account Number	Total Amount to Transfer
<input type="checkbox"/> 403(b) FundSource-Aspire Financial		\$
<input type="checkbox"/> American Fidelity Assurance Company		
<input type="checkbox"/> Ameriprise Financial Services Inc		
<input type="checkbox"/> AXA Equitable		
<input type="checkbox"/> Commonwealth Annuity and Life Insurance Company		
<input type="checkbox"/> FSL-FTJ FCS 457 (Fidelity Security Life-457b)		
<input type="checkbox"/> GWN Securities, Inc		
<input type="checkbox"/> Horace Mann Companies		
<input type="checkbox"/> ING Life Insurance and Annuity Company		
<input type="checkbox"/> ING Reliastar		
<input type="checkbox"/> Lincoln Investment Planning		
<input type="checkbox"/> Mass Mutual Financial Group		
<input type="checkbox"/> Mass Mutual Financial Group (Mass Variable)		
<input type="checkbox"/> Metlife (AKA General American)		
<input type="checkbox"/> MetLife Investors		
<input type="checkbox"/> Oppenheimer Funds		
<input type="checkbox"/> Security Benefit Group of Companies		
<input type="checkbox"/> Vantage Credit Union (457b)		

Please Note: Your vendors may impose additional restrictions or requirements in order to receive transfer funds from a specific contract or account. Some vendors may not allow transfers. For those vendors that allow transfers, they may require that you provide additional information. Therefore, completion of this request and receipt of a voucher does not ensure you can transfer the funds as requested.

Participant Certification

I certify that the information provided in this request is true and correct to the best of my knowledge. I understand that the voucher will expire after 30 days from the date it was issued. If the voucher is not used within the 30 days, it will become invalid and it will be necessary to request a new voucher.

Printed Name

Signature

Date

Please send this request to the provided information:

CPI Common Remitter Services
4903 10th Street
P.O. Box 110
Great Bend, KS 67530
Fax (620) 792-5622