



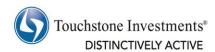
403(b) Program Request for Transfer

This 403(b) Plan Transfer Request Form gathers information necessary to facilitate a direct transfer from an existing 403(b) arrangement to the **403(b) Program.**

Please complete all sections of this form regarding the account you wish to transfer to the **403(b) Program** and forward it to the administrator/custodian of the account listed below in Part 1.

	J WISH TO TRANSFER					
Account Holder Name	Account No.		Social	Security	Numb	er
Street Address	City	State	Zip Co	de	Dayti	me Phone
Custodian Name	Contact Name		Contac	t Phone)	
Street Address	City			State		Zip Code
2. TRANSFER INSTRUCTIONS						
ull Transfer						
☐ I hereby request immediate liquidation and transfer	of the entire asset value of	my Accour	nt referen	ced in	Sectio	n 1 above.
artial Transfer						
I am requesting immediate liquidation and transfer Account referenced in Section 1 above.	of% or \$_			from th	ne ass	et value of my
Please prepare a check in the specified amount of my A	Account balance made paya	ble to:				
First Bankers Trust Services, Inc., Custodian for 403(b)	Program f/b/o [name of pa	rticipant]				
2) Please forward check and a copy of this form to the acc	count holder at the address	isted in Se	ction 1 at	ove.		
3. ACCOUNT HOLDER AUTHORIZATION						
ontact exchange/plan-to-plan transfer. I understand that the nother are complex and I assume full responsibility for ensurer any consequences that may arise as a result of my activation and consequences related to executing my interest of the control of the con	ring that I am eligible to auth ons. I indemnify and hold h nstructions herein. I undersi	orize this tr armless the and that if	ansfer ar e current I am ovei	nd I ass custod r age 70	ume fu lian ar 0½ an	all responsibility and the receiving
ninimum required distribution rules, I may not transfer any runy such required distribution amounts. the undersigned Account Holder of the above-named Account Holder of the Account Ho	in compliance with the appli	cable conti	act exch	ange oi		oes not include n sponsored by
ny such required distribution amounts. the undersigned Account Holder of the above-named Account current employer and that the transfer of funds is made	in compliance with the appli	cable conti	act exch	ange oi		oes not include
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403(b) Program Transfer Certification Form



Complete this form if you wish to transfer your present 403(b)(7) account held at another institution to this 403(b) Program.

Note: If you do not currently have an account established under this 403(b) Program, you must submit a completed Account Application along with this Transfer Certification Form.

1. EMPLOYEE INFORMATION (Please complete all sections and PRINT legibly)			
Employee Name			Social Security Number
Street Address	Daytime Phone		Date of Hire
City	State	Zip Code	Date of Birth

2. EMPLOYER INFORMATION			
Employer Name		Employer Contact Name	
Street Address		Contact Phone	
City	State	Zip Code	For Internal Use

3. TRANSFER ELECTION	
I elect to transfer \$	into the 403(b) Program (the "Program"). <u>Attached is a check for this amount</u> . I

(1) The Program is not legally required to accept a transfer.

understand that:

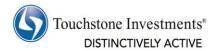
(2) If my Employer authorizes the Program to accept my transfer, once deposited with the Program, the transfer amount is subject to the rules of the Program.

I hereby request that this transfer of funds be accepted by the Custodian of the Program on my behalf, as a transfer contribution as that term is defined in the Program.

4. INVESTMENT ELECTIONS – In what fund(s) would you like to invest?

I hereby direct the Custodian of the Program to invest my transfer in accordance with my current investment elections. If I do not have current investment elections in effect, or I with to invest my transfer in a different manner, I hereby direct the Custodian to invest the transferred amounts in the following manner:

INVESTMENT OPTION	PERCENTAGE	INVESTMENT OPTION	PERCENTAGE
Touchstone Active Bond Fund Class A	%	Touchstone Small Company Fund Class A	%
Touchstone Balanced Fund Class A	%	Touchstone Global ESG Equity Fund Class A	%
Touchstone Flexible Income Fund Class A	%	Touchstone Ultra Short Duration Fixed Income Fund Class A	%
Touchstone International Equity Fund Class A	%	Federated Government Obligations Fund SS	%
Touchstone Credit Opportunities Fund Class A	%	Touchstone Strategic Income Opportunities Class A	%
Touchstone Dividend Equity Fund Class A	%	Touchstone Sands Select Growth Fund Class A	%
Touchstone Large Cap Focused Fund Class A	%	Touchstone Value Fund Class A	%
		TOTAL	100%







5. **EMPLOYEE AUTHORIZATION**

· ·	Program, my Account will be invested in accordance with my investment elections or elections at any time in accordance Program procedures.	
I hereby certify that the information contained here	ein is true, accurate and complete to the best of my knowledge and belief.	
Signature of Employee	Date	
6. EMPLOYER ACCEPTANCE AND	AUTHORIZATION	
Signature of Employer/Sponsor or its Designee	Date	
Send completed form to:	USI Consulting Group Attn: Touchstone Investments Service Team 95 Glastonbury Blyd Suite 102	

Glastonbury, CT 06033 Phone: (866) 305-8846, Plan Code 241