Touchstone Investments®
DISTINCTIVELY ACTIVE

403(b) Program
Request for Transfer

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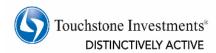
This 403(b) Plan Transfer Request Form gathers information necessary to facilitate a direct transfer from an existing 403(b) arrangement to the **403(b) Program.**

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.

1.   INFORMATION ABOUT THE ACCOUNT YOU WISH TO TRANSFER

Account Holder Name	Account No.		Social Security Number	
Street Address	City	State	Zip Code	Daytime Phone

Custodian Name	Contact Name		Contact Phone	
Street Address	City		State	Zip Code

2.   TRANSFER INSTRUCTIONS

Full Transfer

☐   I hereby request immediate liquidation and transfer of the entire asset value of my Account referenced in Section 1 above.

Partial Transfer

☐   I am requesting immediate liquidation and transfer of _____% or $_____ from the asset value of my Account referenced in Section 1 above.

(1)   Please prepare a check in the specified amount of my Account balance made payable to:

First Bankers Trust Services, Inc., Custodian for 403(b) Program f/b/o **[name of participant]**

(2)   Please forward check and a copy of this form to the account holder at the address listed in Section 1 above.

3.   ACCOUNT HOLDER AUTHORIZATION

I, the undersigned Account Holder of the above-named Account, request that you directly transfer the amount specified above to the 403(b) Program. Please do not withhold any amount of taxes from the proceeds. It is my intention that the redemption and payment shall not constitute either actual or constructive receipt of income for Federal income tax purposes and, therefore, qualify as a nontaxable contact exchange/plan-to-plan transfer. I understand that the rules governing tax-free transfer of 403(b) assets from one account to another are complex and I assume full responsibility for ensuring that I am eligible to authorize this transfer and I assume full responsibility for any consequences that may arise as a result of my actions. I indemnify and hold harmless the current custodian and the receiving custodian from any consequences related to executing my instructions herein. I understand that if I am over age 70½ and subject to the minimum required distribution rules, I may not transfer any required distributions and certify that the amount transferred does not include any such required distribution amounts.

I, the undersigned Account Holder of the above-named Account, certify my eligibility to participate in the 403(b) Program sponsored by my current employer and that the transfer of funds is made in compliance with the applicable contract exchange or plan-to-plan transfer rules that are set forth in the final 403(b) Treasury Regulations published in the Federal Register on July 26, 2007.

_____   _____
Signature of Employee/Account Holder   Date

Upon receipt, account holder should forward check and a **Transfer Certification Form** to the Touchstone Investments Service Team at USI Consulting Group.

4.   403(b) PROGRAM/USI CONSULTING GROUP ACCEPTANCE

USI Consulting Group, as agent for Touchstone Investments, hereby accepts eligible assets for transfer from the above plan and accepts appointment as custodian of a 403(b)(7) established by the participant. The 403(b) Program includes the withdrawal restriction as provided under IRC Section 403(b)(7). Please make the check payable to First Bankers Trust Services, Inc., Custodian FBO [participant's name] and mail to USI Consulting Group, 403(b) Service Center, 95 Glastonbury Blvd, Suite 102, Glastonbury, CT 06033.

_____   _____
Authorized Signature   Date

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			Date of Hire
City	State	Zip Code	Date of Birth
Daytime Phone			Email Address

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"). Attached is a check for this amount. I understand that:

(1) The Program is not legally required to accept a transfer.
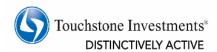
(2) If my Employer authorizes the Program to accept my transfer, once deposited with the Program, the transfer amount is subject to the rules of the Program.

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 Non-US ESG Equity Fund Class A	%
Touchstone Flexible Income Fund Class A	%	Touchstone Ultra Short Duration Fixed Income Fund Class A	%
Touchstone International Value Fund Class A	%	Federated Government Obligations Fund SS	%
Touchstone Ares 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

I understand that once transferred into the 403(b) Program, my Account will be invested in accordance with my investment elections or as designated above and that I may change my investment elections at any time in accordance Program procedures.

I hereby certify that the information contained herein 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 Blvd, Suite 102
Glastonbury, CT 06033
Phone: (866) 305-8846, Plan Code 241
Fax: (610) 537-2708
Email: Touchstonefinancialadvisors@usi.com