

Money Purchase Program Request for Transfer

This Profit-Sharing Plan Transfer Request Form gathers information necessary to facilitate a direct transfer from an existing Profit-Sharing arrangement to the **Profit Sharing Program**.

Please complete all sections of this form regarding the account you wish to transfer to the **Profit-Sharing 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:

Charles Schwab Trust Bank, Custodian for Profit Sharing Program #107883 f/b/o **[name of participant and Last 4 digits of SSN]**

(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 Profit-Sharing 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 Profit Sharing 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 Profit Sharing 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 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. 401(k) 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 Profit Sharing Plan established by the participant. The Profit Sharing Program includes the withdrawal restriction as provided under IRC Section 401(k)(7). Please make the check payable to Charles Schwab Trust Bank, Custodian #107881 FBO [participant's name] and mail to USI Consulting Group, 401(a) Service Center, 95 Glastonbury Blvd, Suite 102, Glastonbury, CT 06033.

Authorized Signature

Date