

Profit Sharing Plan Request Transfer to Another Provider

This Profit-Sharing Plan Transfer to Another Provider Request Form gathers information necessary to facilitate a direct transfer from your existing Profit Sharing arrangement to another Profit Sharing Plan.

All sections must be completed. Incomplete forms will be returned.

1. PARTICIPANT INFORMATION					
Participant Name			Social Security Number		
Mailing Address		Day time Phone Number		Transfer/Merger Date	
City		State	Zip Code	Date of Birth	Date of Hire
New Custodian Name			Contact Name		Contact Phone
Street Address		City		State	Zip Code

2. TRANSFER INSTRUCTIONS

Full Transfer

I hereby request liquidation and transfer of my Account.

WIRE INSTRUCTIONS
Financial institution name:
Financial institution address:
ABA Routing number:
Account number:
Account name:
Beneficiary Payment Info:

3. ACCOUNT HOLDER AUTHORIZATION

I request that you directly transfer the account and if applicable the loan balance to the Custodian specified above. 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. I certify my eligibility to participate in and will be accepted by the Profit-Sharing Plan sponsored by my current employer

Signature of Employee/Account Holder

Date

4. PROFIT SHARING PROGRAM/USI CONSULTING GROUP ACCEPTANCE

Authorized Signature

Date

Please mail or fax completed form to:

USI Consulting Group
Attn: Touchstone Investments Service Team
95 Glastonbury Blvd., Suite 102
Glastonbury, CT 06033-6503
Phone: (866) 305-8846, Plan Code 656
Fax: (610) 537-2708