

MEMBERS TRUST COMPANY

TRANSFER/EXCHANGE TO 403(b) REQUEST FORM

Please use this form when transferring all or a portion of your present 403(b) plan from another company to MEMBERS Trust Company. Some companies also require participants to sign their forms to expedite the transfer/rollover.

Note: Please complete 1) this form 2) Transaction Routing Request Form, 3) Include Copy of Recent Statement, and 4) Attach the Current Company's Transfer/Rollover Form(s), if required. Missing requirements may delay or prevent transfers/exchanges.

SECTION 1. PARTICIPANT INFORMATION

First Name	Last Name	Social Security Number	
Date of Birth (mm/dd/yyyy)	Daytime Phone	Evening Phone	
Address	City	State	Zip Code
Employer			

SECTION 2. CURRENT COMPANY

Current Custodian or Insurer Name	
Account/Contract Number (PLEASE ATTACH COPY OF STATEMENT)	Contract Date
Address, City, State, Zip	
Phone	
Current Plan Type: <input type="checkbox"/> 403(b) <input type="checkbox"/> 403(b)7 <input type="checkbox"/> Roth 403(b)	

SECTION 3. TRANSFER INSTRUCTIONS

Please **liquidate and transfer/exchange as cash** the above referenced 403(b) plan with your company as indicated below:

- A. Liquidate and Transfer/Exchange Entire Account Balance
- B. Liquidate and Transfer/Exchange Partial Amount of \$ _____ (List assets below for partial transfers)

Asset Description	Amount (\$) or Percentage (%) or Shares
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Note: All amounts to be transferred should be sold (liquidated) and no transfer amount shall include after-tax contributions.

- C. Maximum Amount Not Subject To Surrender Charges or CDSC Charges.

SECTION 4. REQUIRED MINIMUM DISTRIBUTIONS (RMD)

Complete this section if you will be age 70 ½ or older and separated service in the year of this transfer.

I authorize the present Custodian named above (select one option):

- To distribute my required minimum distribution to me prior to transferring my portion of the plan assets.
- To segregate and retain minimum distribution amount. Distribute on _____, 20 _____.

SECTION 5. SIGNATURES

I certify that this transaction meets the requirements for a tax-free transfer under IRS Revenue Ruling 90-24 and other applicable laws or rulings of the Internal Revenue Service. I understand that surrender charges may be imposed and that I should contact my current company to determine the amount of applicable surrender charges. If I am currently a participant in a 403(b) plan, I understand that I am responsible for obtaining authorization or requirements from my employer/plan administrator. I also understand, I may not transfer any amount that is a required minimum distribution (RMD) for the current calendar year.

Participant Signature: _____ Date: _____

Financial Advisor (print name): _____ Rep No: _____

Medallion Signature Guarantee
(if required by current custodian)

SECTION 6. PLAN ADMINISTRATOR AUTHORIZATION

I authorize the requested transfer of 403(b) assets from the current custodian to MEMBERS Trust Company.

Employer or Plan Administrator Signature: _____ Date: _____

Print Name: _____

SECTION 7. ACCEPTANCE BY CUSTODIAN

MEMBERS Trust Company, FSB has established an account for the participant and accepts the transfer or exchange of assets as requested herein as custodian of a 403(b) Custodial Plan established by the Participant so long as the assets do not include after-tax contributions, and if this is a contract exchange, the employer has entered into a written Information Sharing Agreement with Suncoast Schools Federal Credit Union/MEMBERS Trust Company. The MEMBERS Trust Company 403(b) Custodial Account Agreement includes the withdrawal restrictions as provided under IRC Section 403(b)(7).

Authorized Signature: _____ Date: _____

DELIVERY INSTRUCTIONS

Make Checks Payable To:
MEMBERS Trust Company FBO Participant Name
Include Social Security Number

Mail Check To:
MEMBERS Trust Company
14025 Riveredge Dr., Suite 280
Tampa, FL 33637
(888) 727-9191

FOR TRUST COMPANY USE ONLY

Received:	Mailed:
Sent:	Amount:

Suncoast Trust & Investment Services is a marketing name used when offering and selling securities products and services through CUNA Brokerage Services, Inc. (CBSI) or trust products and services through MEMBERS Trust Company (MTC). Representatives may be registered, securities are sold, and investment advisory services are offered through CBSI, member FINRA/SIPC, a registered broker/dealer and investment advisor, 2000 Heritage Way, Waverly, Iowa 50677, toll-free (866) 512-6109. These representatives may also be employees of Suncoast Schools Federal Credit Union (Credit Union) who accept deposits on behalf of the Credit Union. CBSI and MTC are each under separate contract with Credit Union to make securities and trust services available to members. **Nondeposit investment and insurance products are not federally insured, involve investment risk, may lose value and are not obligations of or guaranteed by Credit Union.**

Transaction Routing Request

Instructions: To facilitate processing, this form **MUST** accompany any contract exchange, rollover, distribution or loan request paperwork provided by your 403(b)/457(b) company or representative.

IMPORTANT! *Please check this box if you are returning additional information for a previously submitted transaction.*

<input type="checkbox"/> Current Plan Sponsor <input type="checkbox"/> Former Plan Sponsor	Plan Sponsor Name (District or College— <i>Plan under which funds were contributed regardless of current employment status</i>)	Termination Date	<input type="checkbox"/> Rehired <input type="checkbox"/> Not Rehired
Employee Name			
Employee Mailing Address		Employee SSN	Date of Birth
City, State, and Zip			
Employee Phone Number		Employee E-mail Address (Approved transaction notification provided only if email address is provided and is legible.)	
Agent Name	Agent Phone	Agent E-mail Address	

A I am requesting a **Distribution*** from my 403(b)/403(b)(7)/457(b) account with _____ (Company Name)

Distribution Type: Financial Hardship Withdrawal Required Minimum Distribution Cash Distribution 457(b) Unforeseen Emergency Distribution

I am requesting a **Rollover** from my 403(b)/403(b)(7)/457(b) account with _____ (Outgoing Company Name) to _____ (Receiving Company Name)

The source of the funds I am rolling into my account is IRA 401(k) Florida DROP Plan Other _____

*Cash Distribution or Rollover due to: Separated from Service - Date of Separation: ____/____/____ Age 59 1/2 Death Claim
(cannot be re-employed with the District/College)

➔ *Transactions above that require proof of age may be expedited if you provide a copy of a valid govt.-issued identification with birth date.
 Transactions above based upon separation from service may be expedited if you provide a letter of separation from your employer.*

B I am requesting a **Contract Exchange** (allowed only between or to authorized providers under employer's Plan) **Transfer—Purchase of Service Credit**

from (Provider) _____ (Provider Name) to (Provider) _____ (Provider Name or Retirement System Name) Please check if ORP
(Texas / Florida only)

C **Loan Only** I am requesting a **Loan** from my 403(b)/403(b)(7)/457(b) account with _____ (Company Name)

Certification: (required) The following information is true and correct to the best of my knowledge:

Do you have any current 403(b) or 457(b) loans outstanding? YES NO If "YES", provide the name of the provider for each outstanding loan:
 Provider Names: _____;

Have you ever defaulted on a 403(b) or 457(b) loan? YES NO Note: If "YES", No further loans are available under your employer's Plan.

LOANS ONLY: Signature of Participant: _____ Date: _____

Once completed, TSACG should mail fax (select one option only) this form and all other paperwork associated with this transaction to the following Company or Agency: (PLEASE PRINT OR TYPE LEGIBLY)

Company/Agency Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Fax Number: _____

Important Note to Participant

Please retain a copy of this form as well as a copy of all original documents submitted for your records. All documents received by TSACG for the requested transaction will be forwarded to the company listed to the left of this box. If no selection is made, all documents will be forwarded to the appropriate provider company. Please note that no documents will be returned to the participant.

Submit Completed Form and All Accompanying Paperwork To:
TSA Consulting Group, Inc.
 28 Ferry Rd. SE • Fort Walton Beach, FL 32548
 Fax: 1-866-741-0645 • Email: recordkeeping@tsacg.com

By submitting this form, I attest that I understand and acknowledge that my employer allows transactions specific to the Plan Document and Adoption Agreement that established the 403(b) and/or 457(b) Plan, and I attest that I understand that I may be required to complete additional forms from my investment product provider company and that all such forms must accompany this Transaction Routing Request form submitted to TSA Consulting Group, Inc. (TSACG), my employer's Third Party Administrator. I also acknowledge that the value of my account is based on market performance and that market fluctuations may result in a value variance during the time my request is being processed by TSACG and my investment product provider. There may be tax consequences for the requested transaction. Please see your tax advisor for further details. TSACG understands that your personal information and privacy are important, and we make every effort to ensure that the information you submit for a transaction is recorded accurately, retained securely, and used only in accordance for the purpose intended. Please note that relevant information about your transaction may be shared with, and between, employers, 403(b)/457(b) provider, and TSACG.

Date Stamp

403(b) Transaction Processing

All transactions require a Transaction Routing Request form. The Transaction Routing Request Form provides important information regarding your request and is vital to ensuring proper processing.

Distributions

Distribution transactions may include any of the following: loan, contract exchange, rollover, hardship withdrawal or cash distributions. Each product provider requires their own form to be submitted. You may request distributions by completing the necessary forms obtained from your investment product provider, other necessary documentation as indicated below and submitting all completed documents to TSACG for processing.

Transaction Requested	Forms needed for Processing
Contract Exchanges, incoming and outgoing	Submit complete provider paperwork for transaction and the following form: *Completed Transaction Routing Request form (including Box B)
403(b) Hardship Withdrawals	Submit complete provider paperwork for transaction and the following forms and/or documentation: *Completed Transaction Routing Request form *Completed Hardship Withdrawal Disclosure form *Evidence of expenses equal or more than amount requesting <i>Please verify that you have completed Box A on the form if you are submitting a transaction for a Financial Hardship Withdrawal.</i> <i>Please note that evidence of expenses MUST be provided for approval of request.</i>
457(b) Unforeseen Emergency Withdrawals	Submit complete provider paperwork for transaction and the following forms and/or documentation: *Completed Transaction Routing Request form *Completed 457 Unforeseen Emergency Disclosure form *Evidence of expenses equal or more than amount requesting <i>Please verify that you have completed Box A on the form if you are submitting a transaction for a 457 (b) Unforeseen Emergency Withdrawal..</i> <i>Please note that evidence of expenses MUST be provided for approval of request.</i>
403(b) and 457(b) Loan Withdrawals	Submit complete provider paperwork for transaction and the following form: *Completed Transaction Routing Request form (including Box C)
Rollovers and/or 403(b) and 457(b) Cash Withdrawal (due to qualifying event only)	Submit complete provider paperwork for transaction and the following form: *Completed Transaction Routing Request form (including Box A)

Important: If your rollover or withdrawal request is due to the qualifying event of separation from service your termination date must be verified by your employer. Including a copy of a termination letter from your employer that verifies the date and will help to expedite your request. Failure to include this information may result in delays in processing, as TSACG will have to request termination date verification from the employer and await response in order to process your request.

Contract Exchanges

As of January 1, 2009, participants may only exchange their accounts among the authorized providers in the employer's 403(b) Plan.

After verifying that the selected new provider is a current authorized provider, you must complete any forms required by the provider (usually supplied by the new provider), as well as a Transaction Routing Request form. All completed forms should be submitted to TSACG for processing.

Submitting Transaction Requests

All transaction requests should be submitted to TSACG for processing via fax or mail:

TSA Consulting Group, Inc.
Attn: Participant Transaction Department
28 Ferry Rd. SE
Fort Walton Beach, FL 32548
Fax: 1-866-741-0645

TSACG wants to assist you in the most efficient manner possible. Carefully reviewing all documentation, verifying that you have signed all necessary forms, and verifying that you have included any necessary evidence will help us to reach this goal and avoid delays that are caused by incomplete documentation. Our customer service representatives are available to assist you at 1-888-796-3786 or recordkeeping@tsacg.com