

## **Incoming 403(b) Exchange/Transfer**

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Personal Investment Plan (PIP), Compass Retirement Plan (Compass)

**Part 1 – Participant Information.** To be completed by the participant.

Name \_\_\_\_\_ Social Security (last 5 digits) # \_\_\_\_\_  
Mailing address \_\_\_\_\_ Primary phone # (\_\_\_\_) \_\_\_\_\_  
\_\_\_\_\_  
E-mail \_\_\_\_\_  
Country of citizenship \_\_\_\_\_

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**Part 2 – Exchange/Transfer Request.** To be completed by the participant.

This agreement is between Wespath and the participant named above.

I elect to complete a full or partial exchange from the following existing Internal Revenue Code (Code) section 403(b) contract as allowed under IRS regulations to a 403(b) plan administered by Wespath.

Surrendering financial institution's name \_\_\_\_\_  
Surrendering financial institution's address \_\_\_\_\_ Contract # \_\_\_\_\_  
\_\_\_\_\_  
Phone # \_\_\_\_\_

Choose one of the following:

- I elect a transfer of the **full cash value** of this contract (liquidate all funds).
- I elect a **partial transfer** of this contract. Cash value to be transferred is: \$ \_\_\_\_\_

My signature on this form means that I have read and understand this form, including the Participant Terms and Conditions on the second page. I hereby request and authorize the partial or full withdrawal (as indicated above) of the surrendering financial institution contract and the transfer of the cash value to a Code section 403(b)(9) plan that is administered by Wespath.

Participant signature \_\_\_\_\_ Date \_\_\_\_\_

Please mail this form with a copy of a recent statement for this account to Wespath's Retirement Services department at the above address. Also provide a copy of the most recent plan document that controls assets in the surrendering Code section 403(b) plan. You may need to request this document from the plan administrator. Wespath will send this form to the surrendering financial institution on your behalf.

**Note:** Prior to submitting this form to Wespath, you should contact the financial institution or your employer (if applicable) to determine whether any fees will be assessed for termination of the investment contract with them. Also, you should inquire whether you will need to complete their paperwork in addition to Wespath's exchange/transfer form, or if there are other special requirements, such as a Medallion stamp or notarization. If their forms are required, please complete and send them, along with this exchange/transfer form and other relevant paperwork, to Wespath.

**Part 3 – Exchange/Transfer Certification.** To be completed by a representative of the surrendering financial institution.

Name of surrendering financial institution \_\_\_\_\_

Name of prior plan (if applicable) \_\_\_\_\_

Amount of transfer \$ \_\_\_\_\_

The surrendering contract is:

- Code section 403(b)(1) annuity contract
- Code section 403(b)(7) custodial account
- Code section 403(b)(9) retirement income account

The surrendering contract contains the following amounts:

- \$ \_\_\_\_\_ represents the current after-tax account value of the amount being transferred
- \$ \_\_\_\_\_ represents the pre-1987 after-tax contributions of the amount being transferred
- \$ \_\_\_\_\_ represents the post-1986 after-tax contributions of the amount being transferred
- \$ \_\_\_\_\_ represents the current before-tax account value of the amount being transferred
- \$ \_\_\_\_\_ represents the 12/31/88 before-tax account value of the amount being transferred
- \$ \_\_\_\_\_ represents the post-1988 before-tax contributions of the amount being transferred

If only a portion of the balance is being distributed, before-tax and after-tax contributions must be distributed on a pro-rata basis.

By signing below, the authorized representative of the surrendering financial institution certifies that the above information is correct.

Name of representative \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Mailing address \_\_\_\_\_ Primary Phone # ( ) \_\_\_\_\_

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***Please return the original form and the check made payable to “Wespath-UMC, FBO <participant name>” in the envelope provided.***

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**Part 4 – Participant Terms and Conditions**

- By implementing this transfer, your new contract may be subject to the same or more stringent restrictions on early distribution as was your prior contract.
- You must be enrolled in a Wespath-administered retirement plan before this transfer can be accepted. It is not necessary that you be contributing to or have an account balance in the plan.
- The designated cash surrender value of the contract being surrendered may be subjected to sales and administrative charges by the surrendering financial institution.
- You are relying on advice received from your tax adviser relating to federal and state income tax questions associated with this transfer and not upon any information furnished, or representations made, by Wespath or its employees.
- Transferred amounts are credited to your Wespath-administered retirement plan account and will be immediately invested among the investment funds according to your investment election for future contributions. If you do not have an investment election on file, your account balance will be invested by the LifeStage Investment Management Service.

If you are **NOT** completing this document online, please complete it and return to Wespath by one of the following methods:

- E-mail (scanned copy) to **contributionsteam@wespath.org** or
- Fax to **1-847-866-5191** or
- Mail to Wespath  
Contributions Team  
1901 Chestnut Avenue, Glenview, IL 60025

Be sure to keep a copy for your records.

This form includes and/or is requesting personally identifiable information (PII) and/or protected health information (PHI). You are encouraged to make elections and beneficiary designations online at **benefitsaccess.org**. When possible, managing your benefits online is the recommended approach to keep your PII and PHI safe and secure.