

Use the enclosed form to request a transfer of assets from your MissionSquare Retirement plan to a defined benefit (DB) plan for the purchase of service credits or repayment of a prior refund. We encourage you to read all of the information in the packet prior to submitting your request.

INSTRUCTIONS

The information in this section is intended to help you complete the Transfer to Purchase Service Credit Form in its entirety. Please carefully complete all sections of the form.

Section 1: Participant Information

Provide all of the requested information.

Section 2: Defined Benefit Plan Information

Provide all of the requested information on the defined benefit plan that will receive the assets.

Section 3: Transfer Request

Specify the dollar amount to be transferred, the "purpose" of the transfer, and the date when the transfer should be sent.

If you request a wire transfer, please attach the wire transfer instructions on a separate sheet, including: Bank Name, ABA #, Account Name, Account Number, and secondary bank information (if the wiring instructions include an intermediate financial institution).

Section 4: Eligibility Confirmation

You must certify the dollar amount you are requesting by either:

1. providing a copy of documentation you received from the DB plan showing the amount needed, or
2. having an authorized official for the DB plan (a trustee or other authorized official) sign this section.

Section 5: Participant Signature

Please be sure to sign and date this section of the form.

Section 6: Employer Authorization

Your employer will need to sign the form to confirm that you are eligible to transfer assets from the account, unless your employer has already notified MissionSquare of your separation from service. Failure to obtain the required employer signature could delay the processing of your request.

Mail or fax completed form to MissionSquare:

MAIL:

MissionSquare Retirement
Attn: Workflow Management Team
P.O. Box 96220
Washington, DC 20090-6220

FAX:

MissionSquare Retirement
Attn: Workflow Management Team
(202) 682-6439

Please keep a copy of the completed form for your records.

Payment Timeframe

Requests in good order will be processed within three business days and sent to the address specified in Section 2. The amount of the transfer will be taken pro-rata from all investments in your account with the exception of the VantageTrust Retirement Income Advantage Fund (the Fund). If you have assets invested in the Fund, please review the information in the "Special Circumstances" section on the following page.

Allowable Transfers

- **Purchase of Prior Service Credit** – Allows eligible participants to "buy" or increase the years of service used in calculating their final benefits from the DB plan.
- **Purchase of "Air Time" Service Credit** – A service credit purchase that is not based on actual service.
 - If air time purchases are permitted by the DB plan, a maximum of five (5) years of air time service credits can be purchased.
- **Repayment of Prior Refund** – Allows eligible participants to "buy back" service credits that were lost following a previous refund of contributions to the DB plan.

You should consider consulting with a tax advisor prior to requesting a transfer for the purchase of service credits or repayment of a prior refund. You will want to consider whether the benefit increase under the DB plan is greater than the potential gains of keeping the assets invested in your current plan.

IMPORTANT

Contact your DB plan provider or your employer's benefits office for more information regarding:

- **Eligibility** – You will need to confirm that you are eligible to transfer assets to the DB plan.
- **Cost** – The cost of purchasing service credits or repaying a prior refund varies from one DB plan to another.
- **Requirements and Restrictions** – For example, active employment, maximum number of years, transfers must be from a plan in the same state.

Taxation

Assets that are transferred directly to an employer's DB plan are not subject to taxes at the time of the transfer, and no taxes will be withheld from the transfer.

SPECIAL CIRCUMSTANCES

Roth Assets

If your account balance includes Roth assets (i.e., Roth contributions and associated earnings), you should note that these amounts are not eligible for transfer to a defined benefit plan and will be excluded from your transfer request.

VantageTrust Retirement IncomeAdvantage Fund

If your plan offers the VantageTrust Retirement IncomeAdvantage Fund (the Fund), any assets you have invested in the Fund will be distributed after other assets in your account. You should be aware that withdrawals from the Fund prior to Lock-In proportionately reduce guaranteed values. After Lock-In, Excess Withdrawals will proportionately reduce and potentially terminate available guarantees. If you would like to confirm the impact a withdrawal/transfer will have your guarantees, please contact MissionSquare toll free 800-669-7400 and for 403(b) plans 833-438-4032 and we will provide you with a personalized calculation. For additional information, please review the VantageTrust Retirement IncomeAdvantage Important Considerations document.

Qualified Joint and Survivor Annuity

[Applies to Some 401(a) and 403(b) Plans]

If you are a married participant withdrawing assets from a 401(a) or 403(b) plan where the employer has selected the Qualified Joint and Survivor Annuity as the default form of payment, you and your spouse must also complete the Waiver of Qualified Joint and Survivor Annuity Form. This form is available online at www.icmarc.org/forms.

Contact MissionSquare

If you have any questions or need help completing the form, please contact MissionSquare.

- Use this form to request a transfer of assets to a defined benefit plan for the purchase of service credits or repayment of a prior refund.

1 PARTICIPANT INFORMATION (COMPLETE ALL FIELDS IN THIS SECTION)

Check one box only: <input type="checkbox"/> 401(a) <input type="checkbox"/> 401(k) <input type="checkbox"/> 403(b) <input type="checkbox"/> 457(b)			
EMPLOYER PLAN NUMBER:	EMPLOYER PLAN NAME:	MARITAL STATUS: <input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE	
SOCIAL SECURITY NUMBER:	DATE OF BIRTH: MM/DD/YYYY	PREFERRED PHONE NUMBER:	EMAIL ADDRESS:
FULL NAME: LAST, FIRST, MI			
MAILING ADDRESS:			
STREET		CITY	STATE ZIP

2 DEFINED BENEFIT PLAN INFORMATION

Name of Defined Benefit Plan: _____

Name of Employer Maintaining the Defined Benefit Plan: _____

Phone Number of Trustee/Custodian: _____

Make Check Payable To: _____

Mailing Address for Check: STREET _____

CITY _____ STATE _____ ZIP _____

3 TRANSFER REQUEST

1. **Dollar amount.** Transfer the following amount to the plan specified in Section 2 above: \$ _____

2. **Transfer purpose (check only one):** Purchase of Prior Service Credit Purchase of "Air Time" Service Credit Repayment of Prior Refund

3. **Select one Payment Date:** As soon as possible (Default) **OR** Date: MM/YYYY _____

EMPLOYER PLAN NUMBER:

SOCIAL SECURITY NUMBER:

4 ELIGIBILITY CONFIRMATION

Select one option below:

- I have attached a copy of the documentation I received from the defined benefit plan confirming my eligibility to purchase prior service credit, purchase "Air Time" service credit, or repay a prior refund.
- An authorized representative from the defined benefit plan specified in Section 2 (above) has signed this section to confirm that I am eligible to purchase prior service credit, purchase "Air Time" service credit, or repay a prior refund.

Authorized Official's Signature: _____

Date: MM/DD/YYYY _____

Authorized Official's Name (please print): _____

Authorized Official's Phone Number: _____

5 PARTICIPANT SIGNATURE

By signing this form, I hereby request the transfer outlined above. I declare that I will not hold MissionSquare Retirement liable for any investment losses or tax consequences assessed to me based upon representations I have made above.

Participant Signature: _____

Date: MM/DD/YYYY _____

6 EMPLOYER AUTHORIZATION

By signing, the employer confirms the participant is eligible to receive the requested transfer. This section does not need to be completed if the employer has already notified MissionSquare Retirement of the participant's separation from service.

Authorized Employer Official's Signature: _____

Date: MM/DD/YYYY _____

Authorized Employer Official's Name and Title (Please Print): _____