

FORM 08: REQUEST FOR DIRECT ROLLOVER TO FCMM 403(b)

The FCMM Retirement Plan allows for direct rollovers from a former employer-sponsored plan or a traditional IRA into your FCMM Retirement Plan account. **If you have not yet established an FCMM Retirement Plan account, you must first do so to use this form.** Complete the Enrollment Application (Form 01), the Participant Beneficiary Designation (Form 02) and the Investment Selection (Form 03) available at www.fcmmbenefits.org/documents to enroll in the plan.

Do NOT use this form to transfer a 403(b) account to FCMM. Please use Form 08T instead.

If you have terminated employment with an employer sponsoring one or more of the following plans, you can rollover that account to the FCMM Retirement Plan:

- a 401(k) plan
- a pension plan
- an eligible 457(b) government plan; and
- a taxable IRA (Individual Retirement Account).

NOTE: *After-tax* IRAs and *Roth* IRAs cannot be rolled over into the FCMM Retirement Plan. Follow the instructions below to initiate your request.

INSTRUCTIONS

- Step 1: Contact your current provider to determine if a form must be completed for rollovers into a 403(b) plan and ask if a Signature Guarantee Stamp is required.
- Step 2: Complete the Request for Direct Rollover to FCMM 403(b). If the current provider requires a Signature Guarantee Stamp, you will need to sign this form at an institution like a bank. (You will sign the form in front of an official at the institution and he or she will stamp the form).
- Step 3: Enclose a copy of a recent statement of the account you are rolling over.
- Step 4: Mail or deliver **the original copy** of your completed Request for Direct Rollover to FCMM 403(b) along with the recent statement to FCMM Benefits & Retirement, 901 East 78th Street, Minneapolis, MN 55420.

Once your paperwork is received, FCMM will forward it on to the appropriate parties with the other documents needed. You may be contacted for further instructions to complete the process if the current provider requires additional steps. The process typically takes 4–6 weeks to complete.

INVESTMENT OPTIONS

Funds rolled over to the FCMM Retirement Plan may be invested in any combination of the following investment options:

- FCMM Lifetime Fund (Option C)
- FCMM Managed Stock Fund (Option D),
- FCMM Managed Bond/Income Fund (Option E),
- Self-Selected Mutual Fund—American Funds (Option F)*,
- Self-Selected Mutual Fund—Vanguard Funds (Option G)*,
- Adjustable Rate Investment—through Christian Investors Financial (CIF) (Option H), and/or
- Self-Selected Mutual Fund—Biblically Responsible Funds (Option J)*.

*To invest in any of these options, the corresponding Participant Investment Selection Form must be on file with FCMM: American Funds, Form 04; Vanguard Funds, Form 05; the Adjustable Rate Investment, Form 06; and Biblically Responsible Funds, Form 07. All forms are available at www.fcmmbenefits.org.

FORM 08: REQUEST FOR DIRECT ROLLOVER TO FCMM 403(b)
 Complete this form to move a *Non-403(b)* account into the FCMM Retirement Plan.

THIS FORM MUST BE TYPED OR COMPLETED IN INK

STEP 1: Participant Information

Name: _____ Social Security Number: _____
 Home Address: _____
 City: _____ State: _____ Zip Code: _____
 Birthdate: ___/___/___ Marital Status: Married Single
 Phone Number: _____ Email Address: _____

STEP 2: Sending Firm Information

Sending Firm Name: _____
 Sending Firm Address: _____ Sending Firm Phone #: _____
 _____ Account #: _____

Approximate Account Balance: \$ _____

Indicate Rollover Amount (please only select one option):

Full Account Rollover Partial Account Rollover \$ _____ Partial Account Rollover _____ %

Does the sending firm have paperwork they also require you to complete? Yes* No

*If yes, please send a copy of the other firm's completed paperwork to FCMM. FCMM will send all documents together when making the request.

STEP 3: Sending Firm Account Type

The *sending* trustee or custodian is a:

Qualified Retirement Plan (i.e., 401(k) plan, profit-sharing plan, or pension plan)

For 401(k) accounts you must also indicate a tax status below

These funds are to be received by FCMM with the following tax status:

Pre-tax

Roth (NOTE: The FCMM Retirement Plan will not accept exchanges of After-Tax contributions, other than Roth contributions)

Governmental 457 Plan (NOTE: 457 plans maintained by tax-exempt organizations are not eligible to be exchanged)

IRA or SEP IRA (NOTE: Only a distribution from an IRA that would be includible in gross income may be exchanged into the FCMM Retirement Plan, subject to any restrictions set forth by the IRA or SEP vendor.)

STEP 4: Housing Allowance Eligibility

When the funds were being contributed to the plan being rolled over, were you eligible to receive the housing allowance tax exclusion as an ordained, licensed, or commissioned clergy from your employer? Yes No

If yes, please complete all the following information regarding the sponsoring employer:

Name of Employer that sponsored *the plan being moved*: _____

Address: _____

Employment Dates: _____ to _____

100% of the funds being rolled over are housing allowance eligible OR

Only \$ _____ OR _____% of the funds being rolled over are housing allowance eligible.

STEP 5: Investment Selection

I understand that the FCMM Retirement Plan permits me to invest contributions into various investment options, each with a different investment strategy. I understand that there are risks and rewards associated with each investment option, and I further understand that the Plan Sponsor determines the various investment options/funds available for the Plan. I understand that I may invest contributions as I choose. I acknowledge that I am ultimately responsible for the investment of all contributions made to the Plan among the investment options available to me. The Plan Sponsor has not offered or given me investment advice regarding my selection nor will the Plan Sponsor be responsible for any gain or loss that may result from my investment selection.

Accordingly, I hereby elect that my rollover contributions be invested based on the following selections:

_____ % applied to FCMM Lifetime Fund (Option C)*

*Transfers of Option C funds are limited to once per year prior to age 59 ½.

_____ % applied to FCMM Managed Stock Fund (Option D)

_____ % applied to FCMM Managed Bond/Income Fund (Option E)

_____ % applied to one of the Self-Selected Mutual Funds - American Funds (Option F)**

**For American Funds, fill out a PARTICIPANT INVESTMENT SELECTION—AMERICAN FUNDS (Form 04). This form must be on file with FCMM in order for money to be invested in American Funds

_____ % applied to one of the Self-Selected Mutual Funds - Vanguard Funds (Option G)***

***For Vanguard Funds, fill out a PARTICIPANT INVESTMENT SELECTION—VANGUARD FUNDS (Form 05). This form must be on file with FCMM in order for money to be invested in Vanguard Funds

_____ % applied to the Adjustable Rate Investment (Option H)****

****For the Adjustable Rate Investment, fill out a PARTICIPANT INVESTMENT SELECTION—CHRISTIAN INVESTORS FINANCIAL (Form 06). This form and a valid email address must be on file with FCMM in order for money to be invested in Option H. This option allows participants to invest in an adjustable interest rate Investment Certificate with Christian Investors Financial (“CIF”).

_____ % applied to the Self-Selected Mutual Funds – Biblically Responsible Funds (Option J)*****

*****For the Biblically Responsible Funds, fill out a PARTICIPANT INVESTMENT SELECTION—BIBLICALLY RESPONSIBLE FUNDS (Form 07). This form must be on file with FCMM in order for money to be invested in Timothy Plan Funds or GuideStone Funds.

_____ % Total must equal 100%

STEP 6: Acknowledgements

I have attached a copy of my most recent statement for the account being moved (REQUIRED)

I understand that my rollover contribution will be governed by the terms and provisions of the FCMM Retirement Plan document. I verify that I have received or have been made available a Summary Plan Document (www.fcmmbenefits.org) and that I accept the provisions thereof.

STEP 7: Participant Signature and Certification

To the best of my knowledge, the above information is correct and I authorize the rollover of funds to the FCMM Retirement Plan. I understand that if I am age 70 ½ or will attain age 70 ½ in this calendar year, I must satisfy any minimum distribution requirements prior to a direct rollover or leave the required distribution amount in the existing account and withdraw it prior to the distribution deadline (typically December 31).

I am exchanging amounts from one of the above listed sources into the FCMM Retirement Plan. To the best of my knowledge, the funds being exchanged do not belong to a restricted 457 plan or an IRA as discussed above. I acknowledge that no after-tax money (other than Roth contributions) is being exchanged from a qualified plan into the FCMM Retirement Plan. I understand that I may be required to provide supporting information to verify the above information and shall provide such information upon request. This information may include, but shall not be limited to, plan statements, determination letters and summary plan descriptions.

I further certify that:

- Any portion of this rollover that is not attributable to ministerial compensation is not eligible for designation as clergy housing allowance upon withdrawal.
- I am responsible for determining whether all or a portion of this rollover is eligible for clergy housing allowance. FCMM is not responsible for determining housing allowance eligibility.
- I am responsible for determining my eligibility for clergy housing allowance upon retirement.
- I am responsible for determining the appropriate amount to request FCMM to designate as clergy housing allowance as required by applicable law upon distribution.
- FCMM may rely on the representations indicated on this form and is hereby released from any liability regarding the accuracy of such representations.
- I am responsible for any tax consequences arising from this transaction and for any fees imposed by the distributing institution.
- I authorize the current custodian of these funds to release any and all information regarding my account to FCMM in any form that FCMM may request that is pertinent to my rollover.

Participant Signature

Date

Medallion Signature Guarantee: Not required by FCMM, but may be required by the sending firm.

<p>GUARANTOR: Stamp signature guarantee here</p>
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The Trustees for Free Church Ministers' & Missionaries' Retirement Plan for the above person's retirement plan are designated and will accept the exchange described above. We have also enclosed a letter of acceptance.

Signature of FCMM Authorized Representative

Date

Please liquidate and exchange all of the designated account as instructed and send the check payable to "FCMM" with a copy of this entire request. Please send to the address below.

Please include the following information on the check:

FBO: _____

FCMM Benefits & Retirement
901 East 78th Street
Minneapolis, MN 55420

<p>For FCMM Office Use Only:</p> <p>Accepted by: _____</p> <p>Date Received: _____</p> <p>EFCA ID#: _____</p>
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