

**FORM 08: TRANSFER/ROLLOVER TO FCMM 403(b)**

**Complete this form to initiate the movement of funds from another retirement plan into your FCMM account.**

(If you are moving money from more than one account please complete a separate form for each.)

The FCMM Retirement Plan allows for transfers and rollovers from a former or current employer's retirement plan in which you participated. This form is used to provide FCMM with information about the outside plan and where you would like the incoming funds to be invested. Once your paperwork is received, FCMM will review the documents and process them accordingly. Refer to Form 31 – Investment Option Descriptions for summaries of investment Option selection(s). If needed additional forms can be found on our website at [fcmmbenefits.org/documents](https://fcmmbenefits.org/documents).

**The following documents must be provided to FCMM:**

- Form 08 – Designate where you would like the transferring funds to be invested.\*
- Current statement for the account being moved.
- Form 01 – Enrollment Application (unless this form is already on file♦).
- Form 02 – Beneficiary Designation (unless this form is already on file).
- Form 03 – Investment Selection (unless this form is already on file♦).

\*If you choose to invest in Option(s) F, G, H, or J you will need to complete an additional form as indicated next to the investment selection unless the respective form is already on file.

♦If your FCMM account was already established through a *former* employer, Form 01 and Form 03 must be completed *again* in order to connect your account to your *new* employer.

Submit completed forms to FCMM by mail or secure file exchange.

**Mail:**

FCMM Benefits & Retirement  
901 E 78<sup>th</sup> Street  
Minneapolis, MN 55420

**Secure Email Exchange:**

<https://fcmmbenefits.leapfile.net/>

# FORM 08: TRANSFER/ROLLOVER TO FCMM 403(b)

Complete this form to initiate the movement of funds from another retirement plan into your FCMM account.

(If you are moving money from more than one account please complete a separate form for each.)

THIS FORM MUST BE TYPED OR COMPLETED IN INK

## STEP 1: Participant Information

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Address City State Zip

Birthdate: \_\_\_ / \_\_\_ / \_\_\_\_\_ Age: \_\_\_\_\_ City and State of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

## STEP 2: Information About the Employer Participating in the FCMM Retirement Plan

The employer *participating in* the FCMM Retirement Plan is my:  Current Employer  Former Employer

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

## STEP 3: Information About the Assets in the Account Being Moved to FCMM

The account being moved is a:

- Qualified Retirement Plan (i.e. 401(k) plan\*, profit-sharing plan, or pension plan)
- 403(b) Plan\*
- 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.)
- SIMPLE IRA (IRA must be at least two years old.) - SIMPLE IRA Account Open Date: \_\_\_\_\_

Outgoing Account #: \_\_\_\_\_ Approximate Account Balance: \$ \_\_\_\_\_

Indicate Amount Requested (please only select one option):

Full Balance  Partial Balance \$ \_\_\_\_\_  Partial Balance \_\_\_\_\_%

Tax status of assets within the transferring account (check all that apply):

Pre-tax  Roth  After-Tax (non-Roth)

Name of Retirement Plan: \_\_\_\_\_

Sending Firm Name: \_\_\_\_\_ Sending Firm Phone #: \_\_\_\_\_

Sending Firm Address: \_\_\_\_\_

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.

\* If moving a 401(k) or 403(b) plan, please provide the following information about the transferring plan:

Total YTD Employer Contributions: \$ \_\_\_\_\_ Total YTD Employee Pre-Tax Deferrals: \$ \_\_\_\_\_

Total YTD Employee Roth Deferrals: \$ \_\_\_\_\_ Total YTD Employee After-Tax Deferrals: \$ \_\_\_\_\_

Name of employer that sponsored *account being moved* to FCMM: \_\_\_\_\_

The sponsoring employer of the *account being moved* is my:  Current Employer  Former Employer

**STEP 4: Housing Allowance Eligibility**

When the funds were being contributed to the plan being transferred, 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 that employer:**

Name of Employer that sponsored the account being transferred: \_\_\_\_\_

Address: \_\_\_\_\_ Employment Dates: \_\_\_\_\_ to \_\_\_\_\_

- 100%** of funds being transferred are housing allowance eligible **OR**  
 **Only \$ \_\_\_\_\_ OR \_\_\_\_\_ %** of the funds being transferred 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 FCMM 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. FCMM is not responsible for any gain or loss that may result from my investment selection.

Accordingly, I hereby elect that my transferred funds be invested based on the following selections:

\_\_\_\_\_ % applied to the FCMM Lifetime Fund (Option C)\*  
\*Transfers of Option C funds are limited to once per year before age 59 ½

\_\_\_\_\_ % applied to the 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 Biblically Responsible Funds.

\_\_\_\_\_ % Total must equal 100%

**STEP 6: Acknowledgements**

Please acknowledge the following statements for ALL TYPES of transferring accounts:

- I have enclosed a copy of a recent *statement from the transferring account*.
- For Members who turned **70 ½ or older in 2019**: I understand Required Minimum Distribution (RMD) amounts **CANNOT BE INCLUDED IN ROLLOVERS** and I have made arrangements with the sending firm under Step 3 to remove any RMD amounts from my account prior to the transfer to FCMM.

Transferring 403(b) plans ONLY:

- I have enclosed a copy of the contract/plan document of the *transferring account* **OR**
- I am unable to locate my contract/plan document for the *transferring account*.

**STEP 7: Employer Agreement – Use ONLY if 403(b) Transfer from your CURRENT Employer’s Plan**

**- This section only applies if the transferring plan is a 403(b) of your current employer -**

- The Employer identified in STEP 2 above agrees to adopt the FCMM Retirement Plan by completing the FCMM Retirement Plan Adoption Agreement and submitting it with this form *if one is not already on file*.
- FCMM’s approval and acceptance of the transfer/rollover is contingent upon review and approval of the 403(b) Transfer/Rollover Agreement, Adoption Agreement, current plan documents, and any other additional information that may be requested by FCMM. FCMM may require the Employer to make certain changes to its plan before a plan-to-plan transfer can be approved.
- FCMM can only accept cash transfers. Non-cash plan assets must be liquidated prior to the transfer.
- The plan administrator, record-keeper, trustee and/or custodian of the account being moved, may have transfer/rollover documents and procedures that need to be completed before liquidation of plan assets occurs and the cash is transferred to the FCMM Retirement Plan.
- After a plan-to-plan transfer is approved by FCMM, the Employer must have its plan participant(s) complete enrollment and investment selection forms if not already on file. If FCMM does not have investment selection information on file at the time of the transfer, assets will not be invested until the information is received in good order.
- The Employer agrees that FCMM may contact necessary parties (record-keeper, administrator, trustee, custodian) and obtain any plan and participant information relevant to the transfer/rollover process.
- The Employer understands that additional supporting information may be required to approve the transfer and shall provide such information upon request.
- FCMM will rely on the Employer’s representation that certain monies are eligible for designation as clergy housing allowance upon withdrawal and is hereby released from any liability regarding the accuracy of such representations.
- For Plan-to-Plan transfers, the Employer certifies that the transferring plan is and always has been a “church plan” within the meaning of section 414(e) of the Code. At no time has the Employer made an election under the Internal Revenue Code Section 410(d) to have the plan treated as though it were not a church plan.\*
- The person signing below is authorized by the Employer to approve the transfer of assets of the Employer’s current plan to the FCMM Retirement Plan. He/she certifies that to the best of his/her knowledge, the assets being transferred do not belong to an ERISA plan, a restricted 457 plan or an IRA.
- The Employer agrees to comply with all FCMM Retirement Plan and Adoption Agreement terms and conditions and to cease remitting any future contributions to the transferring plan listed in STEP 3.

\_\_\_\_\_  
NAME of Employer Representative

\_\_\_\_\_  
TITLE of Employer Representative

\_\_\_\_\_  
SIGNATURE of Employer Representative

\_\_\_\_\_  
DATE of Signature

This transfer/rollover is not approved until FCMM reviews the information provided and signs under STEP 9 on Page 5.

\*The term "church plan" is defined in section 3(33) of ERISA as a plan established and maintained by a church or by a convention or association of churches which is exempt from tax under section 501(a) of the Internal Revenue Code of 1986. Section 4(b)(2) of ERISA excludes from coverage under Title I of ERISA any plan that is a church plan as defined in section 3(33) of ERISA.

**STEP 8: Contribution Source Breakdown for 403(b) Plan-to-Plan Transfers**

**NOTE: This section only applies if the transferring plan is a 403(b).**

Please indicate the contribution source(s) for the account that is transferring.  
You may need to contact the transferring plan directly to obtain this information.

**Please enter the dollar amount of the transfer that is attributable to:**

Year-to-Date Employee Contributions	\$ _____
Year-to-Date Employer Contributions	\$ _____
Total Employer Contributions	\$ _____
Total Earnings on Employer Contributions	\$ _____
Total Employee Pre-tax Contributions	\$ _____
Total Earnings on Employee Pre-Tax Contributions	\$ _____
Total Contribution Rollovers <i>(must distinguish between Roth and Traditional Rollover amounts.)</i>	\$ _____
Total Distributions/Withdrawals/Loans (out of the plan)	\$ _____
Total balance as of 12/31 of last year	\$ _____
Transfer Date Balance	\$ _____

**For Roth accounts (if applicable)**

Date of *First* Roth 403(b) contribution \_\_\_\_\_

Total Year-to-Date Roth 403(b) Contributions	\$ _____
Total Year-to-Date Roth 403(b) Earnings	\$ _____
Total Life-to-Date Roth 403(b) Contributions	\$ _____
Total Life-to-Date Roth 403(b) Earnings	\$ _____

**For After-Tax accounts (if applicable)**

Total Year-to-Date After-Tax 403(b) Contributions	\$ _____
Total Year-to-Date After-Tax 403(b) Earnings	\$ _____
Total Life-to-Date After-Tax 403(b) Contributions	\$ _____

**STEP 9: Participant Signature and Certification**

To the best of my knowledge, the above information is correct, and I acknowledge and agree to the transfer of funds to the FCMM Retirement Plan into the investment allocations indicated in Step 5 of this agreement. 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 understand that my assets being transferred will be governed by the terms and provisions of the FCMM Retirement Plan Document. I acknowledge that I have received or have been made available a Summary Plan Document (www.fcmmbenefits.org) and that I accept the provisions thereof.

I further certify that:

- Any portion of this transfer/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.
- For plan-to-plan transfers only: I acknowledge that if I do not obtain the information requested under STEP 8, the Contribution Source Breakdown page, 100% of my transferring funds will be coded as Employee contributions upon deposit into my FCMM account.
- 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 this transfer/rollover.

Participant Signature \_\_\_\_\_

Date \_\_\_\_\_

Medallion Signature Guarantee: Not required by FCMM. **Obtain only if required by the sending firm.**

GUARANTOR: Stamp signature guarantee here

The Trustees for Free Church Ministers' & Missionaries' Retirement Plan for the above person's retirement plan are designated and will accept the transfer described above. We have also enclosed a letter of acceptance.

Signature of FCMM Authorized Representative \_\_\_\_\_

Date \_\_\_\_\_

**Please liquidate 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

**For FCMM Office Use Only:**

Accepted by: \_\_\_\_\_

Date Received: \_\_\_\_\_

EFCA ID#: \_\_\_\_\_