

FORM 08T: TRANSFER/EXCHANGE TO FCMM 403(b)

Complete this form to designate where your transferring 403(b) funds will be invested.

The FCMM Retirement Plan allows for 403(b) transfers and exchanges from a former or current employer's 403(b) plan in which you participated. This form is used to designate where you would like the transferring funds to be invested. Once your paperwork is received, FCMM will review the documents and process them accordingly. Please refer to Form 31 – Investment Option Descriptions for summaries of investment option selection(s).

Please see below to determine which forms you are required to complete.

For transfers to FCMM from a **former** employer's plan

- Form 08T - Designate where you would like the transferring funds to be invested.*
- Form 02 - Indicate your beneficiaries (unless this form is already on file).

For transfers to FCMM from your **current** employer's plan**

- Form 08T - Designate where you would like the transferring funds to be invested.*
- Form 01 - Enroll in FCMM (unless this form is already on file).
- Form 02 - Indicate your beneficiaries (unless this form is already on file).
- Form 03 - Indicate where future contributions will be invested (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.

NOTE: Most of our forms can be found on our website at <http://fcmmbenefits.org/documents>. Completed forms may be mailed to FCMM Benefits & Retirement, 901 E 78th Street, Minneapolis, MN 55420; emailed to fcmm@fcmmbenefits.org; or faxed to (952)853-8474. Please remember to provide your employer with a copy of each form you send to FCMM.



FORM 08T: TRANSFER/EXCHANGE TO FCMM 403(b)

Complete this form to designate where your transferring 403(b) funds will be invested.

THIS FORM MUST BE TYPED OR COMPLETED IN INK

STEP 1: Participant Information

Name: _____ Social Security Number: _____

Home Address: _____

Birthdate: ___/___/___ Age: _____ Marital Status: Married Single

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 403(b) Account Being Moved to FCMM

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

Plan Name: _____ Your Account #: _____

Account Open Date: _____ Approximate Balance: \$ _____ Date of Last Contribution: _____

Address to send transfer paperwork (***please confirm with transferring plan***):

Phone Number: _____ Fax Number: _____

Does the transferring plan require you to complete their paperwork as well? YES* NO

*Please provide a copy of the other firm's completed paperwork to FCMM. FCMM will submit everything to the sending firm to request the transfer.

My assets within the transferring 403(b) plan have the following tax status (check all that apply):

Pre-tax

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

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 assets 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 – Timothy Plan Funds (Option J)*****

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

_____ % Total must equal 100%

STEP 6: Acknowledgements

- I have enclosed a copy of a recent *statement from the transferring account* as required by FCMM.
- I have enclosed a copy of the contract/plan document of the *transferring account* as required by FCMM
- I am unable to locate my contract/plan document for the *transferring account*.

STEP 7: Contribution Source Breakdown

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. If we do not receive the breakdown as requested, FCMM will deposit your assets as 100% employEE contributions, which have the strictest distribution requirements.

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

| | |
|---|----------|
| Employer Contributions | \$ _____ |
| Earnings on Employer Contributions | \$ _____ |
| Year-to-Date Employer Contributions | \$ _____ |
| Employee Pre-tax Contributions | \$ _____ |
| Earnings on Employee Pre-Tax Contributions | \$ _____ |
| Year-to-Date Employee 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 | \$ _____ |
| Date of First Roth 403(b) contribution | \$ _____ |
| Employee Roth Contributions | \$ _____ |
| Earnings on Employee Roth Contributions | \$ _____ |
| 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 | \$ _____ |

STEP 8: Employer Agreement – Use ONLY if Transfer is from your CURRENT Employer’s Plan

- 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/exchange is contingent upon review and approval of the 403(b) Transfer/Exchange 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 the 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/exchange 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 the transfer/exchange is approved by FCMM, the Employer must have its plan participants complete enrollment and investment selection forms. If FCMM does not have investment selection information on file at the time of the transfer, assets in a participant’s account will be deposited into the FCMM Retirement Plan’s default investment fund.
- 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/exchange 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.
- 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 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, assets being transferred do not belong to an ERISA plan, a restricted 457 plan or an IRA. No after-tax money (other than Roth contributions) is being transferred into the FCMM Retirement Plan.
- 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.

Signature of Employer

Date

This transfer/exchange 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 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 agreements. I acknowledge that no after-tax money (other than Roth contributions) is being transferred from the sending 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 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 exchange/transfer 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 this exchange/transfer.
- **I acknowledge that if I do not provide all the information requested under STEP 7, the Contribution Source Breakdown page, 100% of my transferring funds will be coded as EmployEE contributions upon deposit into my FCMM account.**

| | | | |
|-----------------------|------|--------------------|------|
| | | | |
| Participant Signature | Date | Employer Signature | Date |

Medallion Signature Guarantee: Not required by FCMM, but may be 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 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

For FCMM Office Use Only:

Accepted by: _____

Date Received: _____

EFCA ID#: _____