

FORM 15: ASSET TRANSFER ELECTION (NON-ROTH)

Use this form to transfer existing assets within an Option to a different Option(s).

NOTE: This form will only transfer your existing account value as of the date of receipt in the FCMM office unless the "Conform My Allocation" box is checked. Those boxes, if checked, will also change your allocation for *future contributions* as of the date of form receipt in the FCMM office.

STEP 1: Personal Information

Employee Name: _____ Social Security Number (last four digits): _____
 Phone Number: (____) _____ Email Address: _____

STEP 2: Transfer Election

As a Participant in the FCMM Retirement Plan, I understand that the Plan permits me to transfer the assets of my account. I further understand my transfer must be made using either *whole percentages* or *whole dollar amounts*. For Options F, G and J, the transfer will be made pro rata, per fund, based on my account balances when the transfer is processed. **NOTE: If the dollar amount requested from Option F, G, or J is greater than 90% of the account balance, the entire balance will be liquidated.** We generally do not allow more than 4 transfers per year between options. Transfers can take two to four weeks to complete.

I hereby elect the following transfer:

EMPLOYER MONEY							
<input type="checkbox"/> Conform My Allocation for Future Employer Contributions to the "Transfer To" Percentages Indicated Below.							
Transfer From Option:	Dollars	or	Percent	Transfer To Option:	Dollars	or	Percent
C – FCMM Lifetime Fund ♦	\$		%	C – FCMM Lifetime Fund	\$		%
D – FCMM Managed Stock Fund	\$		%	D – FCMM Managed Stock Fund	\$		%
E – FCMM Managed Bond/Income Fund	\$		%	E – FCMM Managed Bond/Income Fund	\$		%
F – Self-Selected Mutual Funds American Funds	\$		%	F – Self-Selected Mutual Funds American Funds*	\$		%
G – Self-Selected Mutual Funds Vanguard Funds	\$		%	G – Self-Selected Mutual Funds Vanguard Funds*	\$		%
H – Adjustable Rate Investment	\$		%	H – Adjustable Rate Investment*	\$		%
J – Self-Selected Mutual Funds Biblically Responsible Funds	\$		%	J – Self-Selected Mutual Funds Biblically Responsible Funds*	\$		%

EMPLOYEE MONEY							
<input type="checkbox"/> Conform My Allocation for Future Pre-tax Salary Deferral Contributions to the "Transfer To" Percentages Indicated Below.							
Transfer From Option:	Dollars	or	Percent	Transfer To Option:	Dollars	or	Percent
C – FCMM Lifetime Fund ♦	\$		%	C – FCMM Lifetime Fund	\$		%
D – FCMM Managed Stock Fund	\$		%	D – FCMM Managed Stock Fund	\$		%
E – FCMM Managed Bond/Income Fund	\$		%	E – FCMM Managed Bond/Income Fund	\$		%
F – Self-Selected Mutual Funds American Funds	\$		%	F – Self-Selected Mutual Funds American Funds*	\$		%
G – Self-Selected Mutual Funds Vanguard Funds	\$		%	G – Self-Selected Mutual Funds Vanguard Funds*	\$		%
H – Adjustable Rate Investment	\$		%	H – Adjustable Rate Investment*	\$		%
J – Self-Selected Mutual Funds Biblically Responsible Funds	\$		%	J – Self-Selected Mutual Funds Biblically Responsible Funds*	\$		%

♦ Generally, only one transfer out of Option C is allowed within a 12-month period.

* In order to invest in this Option, a participant must have a Participant Investment Selection form on file as follows – American Funds (Form 04), Vanguard (Form 05), Adjustable Rate Investment (Form 06), and Biblically Responsible Funds (Form 07). Funds will be invested according to your current specifications.

STEP 3: Signature

I understand that the FCMM Retirement Plan permits me to invest contributions in various Options each with a different investment strategy. I acknowledge that I am ultimately responsible for the investment of all contributions made to the Plan by choosing among the Options made available to me. I further acknowledge the opportunity to contact FCMM's Manager of Advisory Services at (800) 995-5357 with any investment questions related to this transfer and my account.

Signature: _____ Date: _____

Send this Form 15 to FCMM via Mail or Secure File Exchange

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

Secure File Exchange:
<https://fcmmbenefits.leapfile.net/>

For FCMM Use ONLY – Depositor #: _____ Received Date: _____ Processed by: _____ Processed Date: _____