

FORM 16: ASSET TRANSFER ELECTION (ROTH)

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 prorata, per fund, based on my account balances when the transfer is processed. **Please 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:

EMPLOYEE MONEY							
<input type="checkbox"/> Conform My Allocation for Future Roth Salary Deferral Contributions to the "Transfer To" Percentages Indicated Below.							
Transfer From Option:	Dollars	or	Percent	Transfer To Option:	Dollars	or	Percent
C – Conservative Growth with Annuity Benefit Fund	NO TRANSFERS OUT			C – Conservative Growth with Annuity Benefit Fund	\$		%
D – Moderate Growth Stock Fund	\$		%	D - Moderate Growth Stock Fund	\$		%
E – Diversified Bond Fund	\$		%	E – Diversified Bond 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 Timothy Plan Funds	\$		%	J – Self-Selected Mutual Funds Timothy Plan Funds	\$		%

*In order to invest in this option, participant must have a Participant Investment Selection – American Funds (Form 04), Vanguard (Form 05), and Timothy Plan Funds (Form 07) on file. Funds will be invested according to your current specifications. Visit participantlogin.com/fcmm to manage these funds. **In order to invest in this option, participant must have a Participant Investment Selection – Christian Investors Financial (Form 06) on file.

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

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 Retirement Plan Consultant at (877) 224-7384 with any investment questions related to this transfer and my account. Questions about the use of this form should be directed to our office by at (800) 995-5357 or fcmm@fcmmbenefits.org.

Signature: _____ Date: _____

For FCMM Office Use Only

Received by: _____ Received Date: _____ FCMM approved by: _____ Date: _____