

FORM 15: ASSET TRANSFER ELECTION (NON-ROTH)

Use this form to transfer existing PRE-TAX assets within an Option to a different Option(s).
Requests for 2026 must be received no later than 12/07/2026.

NOTE: This form will only transfer your existing account value unless you elect under STEP 3 to conform your future contributions to the transfer allocation.

STEP 1: Personal Information

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

STEP 2: Investment Transfer Selections

Asset Transfers 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 mutual fund, based on one's account balances when the transfer is processed. **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.** Transfers between Options are limited to no more than four per year. Generally, only one transfer out of Option C is allowed within a 12-month period. **Transfers may take three to five weeks to complete.**

Transfer From:	Dollars or Percent		Transfer To:	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	\$	%

♦ Transfers from **Option C** are limited to once in a 12 month period & withdrawals may be subject to a Market Value Adjustment if current market value is less than the accrued (annuity) value.
* If you have not invested in this Option before, you must submit the appropriate form as follows – American Funds (Form 04), Vanguard (Form 05), Adjustable Rate Investment (Form 06), and Biblically Responsible Funds (Form 07). If you have previously invested in this Option, your current allocation will apply; you may change your allocation choices online.

IMPORTANT INFORMATION: FCMM-Managed Funds (Options C, D, E, & H) are Collective funds whose values and combined transactions are updated online once monthly, normally by the third week of the following month based on the accounting period close. Transfers from Options C, D, E, & H are based on the account values determined at the accounting period close, applicable through the end of the month for requests received and approved. **Mutual funds** (Options F, G, & J) are valued daily, and transactions are posted in the online account as completed.

STEP 3 – Specific Transfer Instructions (Includes allocation request for future contributions)

Part A: Instructions for transferring EXISTING funds (If no box is checked, the allocation stated in STEP 2 will transfer both employER and EmployEE funds.)

Apply the transfer request in **STEP 2** to move **both employER and employEE funds**

OR

Apply the transfer request in **STEP 2** to move **EmployER funds only**
 Apply the transfer request in **STEP 2** to move **EmployEE pre-tax salary deferral funds only**

Part B: Instructions for investing FUTURE contributions – Select all that apply (If no box is checked, future contributions will not be changed.)

DO NOT conform future contributions to the “transfer to” allocation in STEP 2

OR

Conform future employER contributions to the “transfer to” allocation in STEP 2
 Conform future employEE contributions to the “transfer to” allocation in STEP 2

STEP 4: 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 available to me. I further acknowledge the opportunity to contact FCMM's Manager of Advisory Services at (800) 995-5357 with investment questions related to this transfer and my account.

Signature: _____ Date: _____
(Electronic signatures NOT accepted)

STEP 5: Form Submittal

Please submit this completed form to FCMM using one of the methods noted below, *preferably using our Secure File Exchange*

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

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

Depositor #: _____ Received in Good Order: _____ Processed Date: _____