



**PLEASE PRINT OR TYPE** 

**Member:** Please complete Sections A,B & C and return this form to MMBB at 475 Riverside Drive, Suite 1700, New York, NY 10115-0049 or fax at 800.986.6782.

**Financial Institution:** Please complete Section D and E and return this form with a check for the proceeds to The Ministers and Missionaries Benefit Board (MMBB) at the address on the reverse side.

First Name		M.I.	Last Na	me		
Social Security Number		MMBB Affiliated Organization (e.g. ABC, NBCUSA, etc.)				
Home Address Town		City		State Zip Code		Zip Code
Date of Birth	Home Pho	ne		Work P	hone	1
on your behalf by employers eligible to value of parsonage, plus utilities?  Yes No  1. If you are a participant applying to transformer employee of an employer part  Yes No	nsfer your 4	103(b) acc	ount in a pla	n to plan tra		
<ul> <li>If you are a beneficiary applying to tradecedent an employee or former employee</li> <li>Yes</li> </ul>						
Section B: Information Regarding th			sferred			
1. Name of plan from which funds will be	e transferre	d: 				
Name						
Street or Box Number		City			State	Zip
Name of Transferor Plan contact person (if known	<b>_</b> [	Pho	ne number of	 contact person	(if knowr	<u> </u> n)

A17M0521 **OVER** 

2. Annuity contract or plan account number from which funds will be transferred, or other identifying information:

#### **Section C: Member Authorization**

I hereby direct the Plan (or the Financial Institution agent of the plan) identified in Section B to transfer funds from my current annuity contract/account number (referenced in Section B above) to my retirement account administered by MMBB.

I understand that these funds will be placed in MMBB's Balanced Fund if processed up until the June 30, 2021 valuation. If processed after the June 30, 2021 valuation, the funds will go into the Vanguard Target Retirement Fund that corresponds with my date of birth.

Fund Name	<b>Year of Birth</b>
Vanguard Target Retirement Income Fund	1952 or earlier
Vanguard Target Retirement 2020 Fund	1953 - 1957
Vanguard Target Retirement 2025 Fund	1958 - 1962
Vanguard Target Retirement 2030 Fund	1963 - 1967
Vanguard Target Retirement 2035 Fund	1968 - 1972
Vanguard Target Retirement 2040 Fund	1973 - 1977
Vanguard Target Retirement 2045 Fund	1978 - 1982
Vanguard Target Retirement 2050 Fund	1983 - 1987
Vanguard Target Retirement 2055 Fund	1988 - 1992
Vanguard Target Retirement 2060 Fund	1993 - 1997
Vanguard Target Retirement 2065 Fund	1998 or later

### Section D: Certification of Transferor Plan From Which Rollover is to be Made ("Transferor Plan")

Signature of Member	Date

### The Transferor Plan (or its Financial Institution agent) agrees and represents to MMBB and the Member that:

- 1. The existing 403(b) retirement account from which the transfer is to be made meets the requirements of Code Section 403(b)(1), Code Section 403(b)(7), or Code Section 403(b)(9), and is from an employer-sponsored 403(b) retirement account.
- 2. The member is one hundred percent (100%) vested in all amounts to be transferred to MMBB.
- 3. The Transferor Plan certifies that the existing plan from which the transfer is to be made is subject to the Required Minimum Distribution Rules, as set forth by the Internal Revenue Code, and the Transferor Plan (or its Financial Institution agent) agrees to process any Required Minimum Distributions as set forth by the Internal Revenue Code prior to processing a Plan to Plan transfer to MMBB.
- 4. The Transferor Plan certifies that the existing plan from which the transfer is to be made has been, or will be amended by January 1, 2009, to provide for this transfer to occur in compliance with Code Section 403(b) as amended.
- 5. The Transferor Plan (or its Financial Institution agent) agrees to transmit a check in the amount of the transferred funds to MMBB, 475 Riverside Drive, Suite 1700, New York, NY 10115-0049. The check shall be payable to MMBB, F.B.O., the member. Please indicate "Plan Transfer" on the check.

Transferor Plan				
Transferor Financial Institution (Agent of Plan)				
Authorized Signature	Date			
Please Print Name				
** Please complete Section E on the following page **				
FOR OFFICE USE				
Approved by:	Date	]		

# Please return this completed form to:

# **Section E:**

Member Name (please print)

The portion of the transfer that applies to each of the following types of contributions is indicated below to the extent the information is available.

	CURRENT EMPLOYER	PRIOR EMPLOYER
1. Total Amount of Plan to Plan Transfer	\$	\$
2. Total Employer (Nonelective) Contributions & Earnings (Code section 403(b)(1) annuity/403(b)(9) retirement income account)	\$	\$
Employer Contributions	\$	\$
Earnings on Employer Contributions	\$	\$
3. Total Employer (Nonelective) Contributions & Earning (Code section 403(b)(7) custodial account)	\$	\$
Employer Contributions	\$	\$
Pre-89 Employer Contributions & Earnings	\$	\$
Post-88 Employer Contributions & Earnings	\$	\$
<b>4. Total Salary Reduction (Elective) Contributions &amp; Earnings</b> (Code section 403(b)(1) annuity/403(b)(9) retirement income account)	\$	\$
Pre-89 Salary Reduction Contributions & Earnings	\$	\$
Post-88 Salary Reduction Contributions	\$	\$
Post-88 Salary Reduction Earnings	\$	\$
<b>5. Total Salary Reduction (Elective) Contributions &amp; Earnings</b> (Code section 403(b)(7) custodial account)	\$	\$
Pre-89 Salary Reduction Contributions & Earnings	\$	\$
Post-88 Salary Reduction Contributions	\$	\$
Post-88 Salary Reduction Earnings	\$	\$
6. Total After-Tax (Tax Paid) Contributions & Earnings	\$	\$
All Earnings on After-Tax Contributions	\$	\$
Pre-87 After-Tax Contributions	\$	\$
Post-88 After-Tax Contributions	\$	\$
7. Total Tax Deductible Contributions & Earnings	\$	\$
8. Total Amount of 12/31/86 Account Balance	\$	