

A-17

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.

Section A: Personal Information

First Name*	M.I.	Last Name*	
Social Security Number (xxx-xx-6789)*	MMBB Affiliated Organization (e.g. ABC, NBC, USA, etc.)		
Home Address*	Town/City*	State*	Zip Code*
Date of Birth*	Home Phone (123-123-1234)*	Work Phone (123-123-1234)*	

- Was the total amount of your 403(b) account you are transferring over to MMBB the result of contributions made on your behalf by employers eligible to designate a portion of your compensation as housing allowance or rental value of parsonage, plus utilities?
 Yes No
- If you are a participant applying to transfer your 403(b) account in a plan to plan transfer, are you an employee or former employee of an employer participating in the MMBB Retirement Plan?
 Yes No
- If you are a beneficiary applying to transfer the 403(b) account of a decedent, in a plan to plan transfer, was the decedent an employee or former employee of an employer participating in the MMBB Retirement Plan?
 Yes No

Section B: Information Regarding the Funds to be Transferred

1. Name of plan from which funds will be transferred:

Name*			
Street or Box Number*	City*	State*	Zip *
Name of Transferor Plan contact person (if known)*		Phone number of contact person (if known)*	

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

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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.

Fund Name	Year of Birth
Target Retirement Income Fund	1952 or earlier
Target Retirement 2020 Fund	1953 - 1957
Target Retirement 2025 Fund	1958 - 1962
Target Retirement 2030 Fund	1963 - 1967
Target Retirement 2035 Fund	1968 - 1972
Target Retirement 2040 Fund	1973 - 1977
Target Retirement 2045 Fund	1978 - 1982
Target Retirement 2050 Fund	1983 - 1987
Target Retirement 2055 Fund	1988 - 1992
Target Retirement 2060 Fund	1993 - 1997
Target Retirement 2065 Fund	1998 - 2002
Target Retirement 2070 Fund	2003 or later

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

Signature of Member	Date
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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*	Roth Enrollment Date: (if applicable, provided by prior plan administrator)*
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
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Please return this completed form to:

The Ministers and Missionaries Benefit Board
475 Riverside Drive, Suite 1700, New York, NY 10115-0049
Phone: 800.986.6222 Fax: 800.986.6782 Web: www.mmbb.org
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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	\$	\$
4. Total Salary Reduction (Elective) Contributions & Earnings (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	\$	\$
5. Total Salary Reduction (Elective) Contributions & Earnings (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	\$	