



457 DEFERRED COMPENSATION PLAN CO-PROVIDER TRANSFER FROM ICMA-RC FORM - PAGE 1 of 2

Use this form to transfer assets from your ICMA-RC 457 plan to a co-provider's 457 plan offered through your employer. Do not use this form for a rollover request.

1 Personal Information	<p>Full Name of Participant</p> <p>_____ Last First M.I.</p> <p>Social Security Number Date of Birth Daytime Phone Number</p> <p>_____-_____-_____- ____/____/_____- (____)____-____</p> <p>Month Day Year Area Code</p> <p>Mailing Address/Street Marital Status</p> <p>_____ City State Zip Code <input type="checkbox"/> Married <input type="checkbox"/> Single</p>
2 Transfer From: ICMA-RC Account	<p>ICMA-RC 457 Plan Account Number: 30 _____</p> <p>Employer Plan Name: _____</p>
3 Transfer To: Co-Provider Account Information	<p>Provide information on the 457 account and co-provider that will receive the transfer.</p> <p>Employer Plan Name: _____</p> <p>Co-Provider Name: <u>Transamerica Retirement Solutions</u></p> <p>Co-Provider Plan Phone Number: <u>866-994-6312</u></p> <p>Co-Provider Plan Address: <u>Remittance Center, PO Box 13029, Newark, NJ 07188</u></p>
4 Transfer Amount	<p>I wish to liquidate and transfer:</p> <p>1. <input type="checkbox"/> Total account balance (100%)</p> <p>2. <input type="checkbox"/> Total account balance excluding ALL Roth assets</p> <p>3. <input type="checkbox"/> Partial transfer of \$ _____</p> <p><input type="checkbox"/> Check this box to have your transfer taken first from your Roth balance (if applicable).</p>
5 VantageTrust PLUS Fund Assets	<p><input type="checkbox"/> If you do not have assets invested in the VantageTrust PLUS Fund, check the box and skip this section.</p> <p>A transfer from the VantageTrust PLUS Fund to an investment option(s) offered by a co-provider requires verification that it meets VantageTrust PLUS Fund investment contract provisions, as further described below. This section serves to verify that the transfer meets such provisions.</p> <p>Direct transfers of assets from the VantageTrust PLUS Fund to a co-provider investment option are only permitted to non-competing funds or other non-competing investment options, and those monies must stay in a non-competing fund or other non-competing investment option for at least 90 days before they are moved to a competing fund or other competing investment option. Competing funds or other competing investment options to which direct transfers are not permitted include, but are not limited to, the following:</p> <p>(a) cash funds (like the VT Cash Management Fund), money market mutual funds, bank accounts or certificates of deposit (such as the VT CD Account option), stable value funds or substantially similar investment options that offer guarantees of principal or income, such as guaranteed annuity contracts or similar arrangements with financial institutions;</p> <p>(b) short-term bond funds that invest in fixed income securities and seek to maintain or have an average portfolio duration of less than three years;</p> <p>(c) any investment option that invests 80% or more of its assets in (i) fixed income securities or funds with a duration of less than three years, or (ii) instruments that seek to provide capital preservation such as stable value funds, bank certificates of deposit or bank accounts, and cash or cash equivalents; and</p> <p>(d) a self-directed brokerage account.</p>



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Employer Plan Number Social Security Number Name (Please Print)
30 _____

5 VantageTrust PLUS Fund Assets (continued)

By signing this form, I acknowledge that I have read and agree to the terms and conditions set forth above and hereby confirm that I will re-invest the assets being transferred from the VantageTrust PLUS Fund only into a non-competing fund(s) or other non-competing investment option(s) offered through my plan. I agree that the assets will stay in **(select only one)**:

a non-competing fund or other non-competing investment option **offered by ICMA-RC** for at least 90 days after transfer from the VantageTrust PLUS Fund.* Your 90-day waiting period begins on the date you initiate the fund transfer out of the VantageTrust PLUS Fund to a non-competing fund or other non-competing investment option. Please indicate the date of the transfer ____ / ____ / ____ (mm/dd/yyyy).

a non-competing fund or other non-competing investment option **offered by the co-provider** for at least 90 days after transfer from the VantageTrust PLUS Fund.*

Please provide the full name(s) of the non-competing fund(s) or other non-competing investment option(s) among the co-provider's investment options to which the requested transfer is being deposited:

** Direct transfers from the VantageTrust PLUS Fund to a competing fund or other competing investment option are not permitted under rules and contracts governing the Fund that are designed to protect all Fund investors. For this reason, strict compliance with these rules is required of all plan participants.*

6 Participant Signature

By signing this form, I acknowledge that I have received and reviewed the *Special Tax Notice Regarding Plan Payments*, and the additional disclosures contained in the form instructions, and I direct ICMA-RC to process the transfer specified on this form. As required by law and under the penalty of perjury, I certify that the Social Security Number (Tax Identification Number) I have provided is correct.

_____/_____/_____ U.S. Citizen Yes No
 Participant Signature Month Day Year

7 Employer Signature

By signing, the employer confirms the participant is eligible to transfer assets from the ICMA-RC 457 plan to the co-provider plan designated in Section 3.

For Employer Use

_____/_____/_____
 Authorized Employer Official's Signature Month Day Year

 Authorized Employer Official's Name (Please Print) Authorized Employer Official's Title (Please Print)