

AFPlanServ® Plan-to-Plan Transfer/Plan Exchange/Service Credit Authorization Form

Participant Instructions

The AFPlanServ® Plan-to-Plan Transfer/Plan Exchange Authorization Form can be completed and submitted to approve a transfer from your former employer's 403(b) or 457(b) Plan ("Plan") to your current employer's Plan. This form can also be used to approve an Exchange between approved Providers within your current employer's Plan, or to approve a purchase of service credit from your State Teachers Retirement System (TRS). Please note that the Provider currently holding your assets may also require its own paperwork to be approved, along with acceptance paperwork from the Provider receiving the assets. Please return this form and any other paperwork to AFPlanServ® by mail or fax to the address or number located at the bottom of the form.

Step 1: Participant Information

Name _____ Social Security Number _____ Date of Birth ____/____/____
Mailing address _____ Home Phone _____
City _____ State _____ Zip _____ Work Phone _____
Current Employer _____

Step 2: Transaction Type

- Plan-to-Plan Transfer: **Name of Former Employer:** _____
 Plan Exchange
 Service Credit Purchase/Buy Back: **Amount Eligible:** \$ _____ **Amount Approved:** \$ _____
Must provide a copy of the statement from TRS showing amount eligible to purchase/buy back

Step 3: Transferring Provider Information (source of assets): Please indicate the name of the Provider, from which you wish to transfer funds.

Name of Provider: _____
Account/Policy/Contract number(s): _____
Type of Plan (check one): 403(b) 457(b)

Step 4: Receiving Provider Information (destination of assets)

Please indicate the name of the Provider that will receive the assets from Step 2 above. *Note: The receiving Provider must be an approved Provider under your employer's Plan. If you are unsure if this Provider is approved, please contact your employer or AFPlanServ®.*

Name of Provider: _____
Account/Policy/Contract number(s): _____
Type of Plan (check one): 403(b) 457(b)

Step 4: Participant Acknowledgement

By signing this form, I certify that the information I have provided is accurate and I have satisfied all of the requirements to request this transaction, and have verified that it is permissible under the terms of my 403(b) Plan and the terms of the annuity contract(s)/custodial account(s) indicated above. I understand and agree that the involvement of the third party plan administrator in this transaction is limited to this authorization.

_____/_____/_____
Participant Signature Date

AFPlanServ® Use Only

AFPlanServ®, on behalf of the Employer, approves the transaction listed above in Step 2. Please accept this approval as authorization to process the transaction based on the instructions on the attached forms, if applicable.

_____/_____/_____
AFPlanServ® Authorized Signature Approval Date

American Fidelity Assurance Company, dba AFPlanServ®
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