

Plan-to-Plan Transfer, Plan Exchange, or Service Credit Authorization Form

Please complete and submit this form 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's 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. After this form has been received your request will be reviewed and, if approved, forwarded to you or your Provider for processing.

Participant Information

Full Name: (last, first, middle initial)	
Address: (street, city, state, and zip)	
Social Security Number:	Date of Birth: (MM/DD/YYYY)
Phone Number: (with area code)	Email Address:
Employer:	

Transaction Type

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

Transferring Provider Information and Source of Assets

Please indicate the name of the Provider from which you wish to transfer funds.

Provider:
Account/Policy/Contract Number(s):
Type of Plan(check one): <input type="checkbox"/> 403(b) <input type="checkbox"/> 457(b) <input type="checkbox"/> Other: _____

Receiving Provider Information and Destination of Assets

Please indicate the name of the Provider that will receive the assets. **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.

Provider:
Account/Policy/Contract Number(s):
Type of Plan(check one): <input type="checkbox"/> 403(b) <input type="checkbox"/> 457(b) <input type="checkbox"/> Other: _____

Participant Acknowledgement

By signing this form, I certify that the information I have provided is accurate. Additionally, I have satisfied all the requirements to request this transaction. I have verified that it is permissible under the terms of my 403/457(b) Plan and the terms of the annuity contract(s)/custodial account(s) indicated above. I understand and agree that the involvement of AFPlanServ 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. 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: (MM/DD/YYYY)

Amount Approved: \$