



MissionSquare DC Internal Asset Movement Form

Use this form to move your assets from one MissionSquare Retirement plan to another MissionSquare Retirement plan. Use the below checklist to help you complete the form on the following pages so that we can process your transfer of MissionSquare assets. By providing all the necessary information, we can avoid delays and take care of your request as soon as possible.

COMPLETING THE FORM

SECTION 1 – YOUR PERSONAL INFORMATION

- ☐ You must be enrolled in the "TO" plan.

SECTION 2 – TELL US WHAT PLAN YOU ARE MOVING YOUR ASSETS TO

- ☐ Confirm and enter the plan number your assets are transferring into.

SECTION 3 – TRANSFER FROM

- ☐ Confirm and enter the plan number your assets are transferring from.

SECTION 4a – TRANSFER AMOUNT

- ☐ Indicate whether you wish to transfer the total value of your account (100%) or a specified portion of the account. If you elect to transfer a portion of your account, specify the dollar amount. If you are requesting the funds from a specific fund, please indicate the fund name and dollar amount.

SECTION 4b – ROTH OR OTHER AFTER-TAX ASSETS

- ☐ If the recipient plan specified in Section 2 of this form is not able to accept a rollover of Roth or other after-tax assets, these amounts will be distributed to you, unless you request that these amounts not be transferred by checking the applicable box in this section and writing "0" in the space provided.
- ☐ Please confirm that your 457 or 401(k) plan permits roll-ins of Roth assets prior to requesting a rollover. Note that other after-tax assets are not eligible for a rollover into a 457.

SECTION 5 – ROLLOVER INVESTMENT ALLOCATION

- ☐ **Please read this section carefully.** It contains detailed information on how the assets you transfer to your MissionSquare account will be invested.
- ☐ **Note to participants in 457 plans residing in New York State:** Your assets will be invested according to the allocation instructions on file for your current contributions.

SECTION 6 – PARTICIPANT AND EMPLOYER SIGNATURES

- ☐ Please sign the form and obtain your termination date and an authorized signature from your previous employer (for the plan specified in Section 3).
- ☐ The employer signature and termination date are required in order to process your transfer request, unless your previous employer has already notified MissionSquare of your separation from service.

Mail or fax completed forms to MissionSquare. If you fax the form, please do not mail the original.

FAX:

MissionSquare Plan Services
(844) 677-3297

MAIL:

MissionSquare Plan Services
P.O. Box 219320
Kansas City, MO 64121-9320

Qualified Joint and Survivor Annuity (applies to married participants in some 401 plans only)

If you are married and transferring assets from a MissionSquare plan, and the employer sponsoring the plan has elected the Qualified Joint and Survivor Annuity options, your spouse must consent to the transfer of assets to another retirement plan. You and your spouse will need to complete the Waiver of Qualified Joint and Survivor Annuity Form available online at www.missionsq.org.

MissionSquare Retirement IncomeAdvantage Fund

If your plan offers the MissionSquare Retirement IncomeAdvantage Fund (the Fund), any assets you have invested in the Fund will be excluded from your transfer/rollover request. If you would like to consolidate your Fund balances into one MissionSquare plan, please contact MissionSquare for the appropriate transfer form. You can do a fund transfer from the Fund to other investment options available in your plan if you would like to have the Fund assets distributed with your transfer/rollover request. However, you should be aware that withdrawals from the Fund prior to Lock-In proportionately reduce your guaranteed values. After Lock-In, Excess Withdrawals will proportionately reduce and potentially terminate available guarantees. Please note that if you withdraw all of your assets from the Fund, you lose all guarantees. For additional information, please review the *MissionSquare Retirement IncomeAdvantage Fund Important Considerations* document.



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1 PERSONAL INFORMATION

If you are new to the MissionSquare Retirement plan you are transferring into, you must also complete the appropriate enrollment form.

FULL NAME: <small>LAST, FIRST, MI</small>			MARITAL STATUS: <input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE
SOCIAL SECURITY NUMBER:	DATE OF BIRTH: <small>MM/DD/YYYY</small>	PREFERRED PHONE NUMBER:	EMAIL ADDRESS:
MAILING ADDRESS: <small>STREET CITY STATE ZIP</small>			

2 MOVE TO

I want to move my assets to MissionSquare: *(Check only one box.)*

- ☐ 457 Plan Account Number: **30** Employer Plan Name (if applicable): _____
- ☐ 401 Plan Account Number: **10** Employer Plan Name (if applicable): _____
- ☐ IRA Plan Account Number: **70** Employer Plan Name (if applicable): _____

I want to perform the following asset movement transaction:

- ☐ In-Plan Roth Conversion – Check this box when converting pre-tax assets into a designated roth account within the same retirement plan (the retirement plan must offer this feature). This will be included as income on Form 1099R.

Plan Account Number: _____ Employer Plan Name (if applicable): _____

- ☐ IRA Roth Conversions – Check this box when converting assets from a Traditional IRA to a Roth IRA. This will be included as income on Form 1099R.

Plan Account Number: _____ Employer Plan Name (if applicable): _____

- ☐ IRA Contribution Recharacterization – Check this box if you are recharacterizing an IRA contribution(s) to another type of IRA. Please indicate the year the contribution was for 20__.

Plan Account Number: _____ Employer Plan Name (if applicable): _____

3 MOVE FROM (OTHER PROVIDER ACCOUNT INFORMATION)

I want to move my assets from my MissionSquare Retirement plan: *(Check only one box.)*

- ☐ 457 Plan Account Number: **30** Employer Plan Name (if applicable): _____
- ☐ 401 Plan Account Number: **10** Employer Plan Name (if applicable): _____
- ☐ Existing MissionSquare IRA Account Number: **70** Employer Plan Name (if applicable): _____



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EMPLOYER PLAN NUMBER:

SOCIAL SECURITY NUMBER:

4a ASSET MOVEMENT AMOUNT

I wish to move:

☐ My entire account: \$ _____.

OR

☐ The following portion of my account in the manner specified below:

Fund Name	Dollar Amount	Fund Name	Dollar Amount
1) _____	\$ _____	3) _____	\$ _____
2) _____	\$ _____	4) _____	\$ _____

Note: If the recipient plan specified in Section 2 of this form is not able to accept a roll-in of Roth or other after-tax assets, these amounts will be distributed to you or you can establish a Roth IRA with MissionSquare. Similarly, other after-tax assets will be returned to you if received.

Roth or Other After-Tax Assets

_____ % Specify an alternate percentage if you want your current provider to distribute less than 100% of your Roth assets.

Note to Transferring Financial Organization – If the transfer includes Roth assets or other after-tax assets, please note the following on the check/wire: 1) the amount of Roth or other after-tax contributions, 2) the amount attributable to earnings on the Roth or other after-tax contributions, and 3) the date of the participant's first Roth contribution (if applicable). For transfers to a 457(b) plan, the amount of non-457(b) roll-in assets subject to early withdrawal penalty (if any) should be noted.

4b ROTH OR OTHER AFTER-TAX ASSETS

Note that if the recipient plan specified in Section 2 of this form is not able to accept a rollover of Roth or other after-tax assets, these amounts will be distributed to you, unless you request that these amounts not be transferred.

☐ _____ % Check this box and specify an alternate percentage if you want less than 100% of your Roth and/or other after-tax assets transferred/distributed with your request (if applicable).

Please confirm that your 457 or 401(k) plan permits roll-ins of Roth assets prior to requesting a rollover. Note that other after-tax assets are not eligible for a rollover into a 457 plan.

5 ROLLOVER INVESTMENT ALLOCATION

Assets will be invested in your account according to your rollover allocation instructions. You can provide or confirm your rollover investment allocation by accessing your account online at www.missionsq.org and selecting the "Manage My Account" tab and the "Future Allocations" menu option or by contacting MissionSquare. Read below for information on how rollover assets will be invested in the absence of valid rollover allocation instructions.

457 Plan: In the absence of valid rollover allocation instructions, assets will be invested according to the allocation instructions for contributions to your account (or to the default fund selected by your employer, if you have not yet provided allocation instructions for the investment of contributions to your account).

New York State 457 Deferred Compensation Plan: If your 457 plan account is with an employer in New York State, the transferred assets will be invested according to the same allocation instructions that are used for the investment of contributions to your account (or to the default fund selected by your employer, if you have not yet provided allocation instructions for the investment of contributions to your account).

401 Plan: In the absence of valid rollover allocation instructions, assets will be invested in the default fund selected by your employer.

MissionSquare will send you a confirmation notice when the transferred assets have been received and credited to your account. You will have the ability to transfer your assets to any investments available within your plan at any time by accessing your account online at www.missionsq.org or by contacting MissionSquare.



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EMPLOYER PLAN NUMBER:

SOCIAL SECURITY NUMBER:

6 PARTICIPANT AND EMPLOYER SIGNATURES

I acknowledge that I have read and agree to the disclosures shown in the instructions for this section. I have also read and agree to the process described in Section 5 of this form relating to how the transferred assets will be invested within my account.

I authorize and request MissionSquare to liquidate the retirement plan account specified in Section 3 and transfer it to the MissionSquare Retirement plan account specified in Section 2.

Employee Signature: _____ Date: MM/DD/YYYY _____

By signing, the employer confirms the participant is eligible to transfer assets from the retirement plan specified in Section 3. A signature is not required if the employer has already notified MissionSquare of the participant's separation from service.

Authorized Employer Official's Signature: _____ Date: MM/DD/YYYY _____

Name and Title of Authorized Official (Please Print): _____

Participant's Termination Date: MM/DD/YYYY _____ Vesting: _____ %