



C — DIRECT ROLLOVER / TRANSFER REQUEST

Participant Information

Participant Name _____ Social Security Number _____

Address _____ City _____ State _____ Zip _____

Daytime Phone Number _____

Relinquishing Plan Information

Name of Plan _____

Type of Account: 403(b), 401(k), IRA, other _____ Account Number _____

Address _____ City _____ State _____ Zip _____

Direct Rollover/Transfer Instructions to Relinquishing Plan

Please transfer funds from my retirement account named above in the amount indicated below to my Life Rewards 403(b) retirement account.

Amount to Transfer

- Full Liquidation. Approximate value: \$ _____
- Partial amount of \$ _____

When to Transfer

- Immediately
- At Maturity Date: ____ / ____ / ____

Spousal Consent

I hereby consent to my spouse's transfer or direct rollover election from his/her retirement plan named above to Life Rewards 403(b) Ministry Retirement Plan.

Spouse's Signature _____ Date _____

State of _____, County of _____.

Personally appeared the above-named person(s) and acknowledged the Certification before me this ____ day of _____, 20____.

Notary Signature _____

[NOTARY SEAL HERE]

My Commission expires _____

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Church Extension Plan
LIFE REWARDS™

Participant's Signature

I affirm that I am credentialed with the Assemblies of God or an employee of an Assemblies of God ministry and thereby qualify to participate in the Life Rewards 403(b) Ministry Retirement Plan. I acknowledge that I have received and read current Offering Circulars and Prospectuses for the accounts I have selected. I agree to hold Church Extension Plan, Life Rewards, Plan Administrator and Trustee harmless for any action or omitted action based on directions or information I or my beneficiaries provide to them. I understand and agree that the Plan and related administrative policy may be amended from time to time, as will the Offering Circular and Prospectus for each fund. By my signature below I hereby certify that all information provided in this form is true and correct.

Participant's Signature

Date

Acceptance *(to be completed by Church Extension Plan)*

Church Extension Plan agrees to accept the transfer or rollover of assets as directed above. The receiving plan is a 403(b) retirement account. This transfer or direct rollover is to be executed as a trustee-to-trustee transfer and will not place the participant in actual receipt of any of the plan assets.

Authorized Signature

Date

Instructions to Relinquishing Plan

Please **make check payable to:** Life Rewards, FBO participant's name

Mail to: Church Extension Plan
PO Box 12629
Salem OR 97309

PO Box 12629 Salem, OR 97309
4070 27th Ct. SE, Suite 210 Salem, OR 97302
T (503) 399-0552 (800) 821-1112 F (503) 581-3237
www.cepnet.com