



Complete this form if you have money in a retirement account you'd like to move to your Life Rewards account. If you do not have an existing Life Rewards account you must also submit form A (Enrollment Agreement) and form B (Adoption Agreement). Call Life Rewards at (800) 821-1112 if you have any questions.

**Participant Information**

Participant Name _____		Social Security Number _____	
Address _____	City _____	State _____	Zip _____
Daytime Phone Number _____	Employer _____		

**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) 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 Ministers Retirement Plan.

Spouse's Signature _____	Date _____
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Appeared the above-named \_\_\_\_\_ on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ and acknowledged to me that he/she signed the above as his/her voluntary act and deed.

Notary Signature \_\_\_\_\_

Notary Public for \_\_\_\_\_

My Commission expires \_\_\_\_\_



**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 Ministers 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.

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Participant's Signature

Date

**Acceptance (to be completed by Plan Administrator)**

Life Rewards will accept the above retirement account and requests liquidation and transfer of assets as directed above. 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.

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Authorized Signature

Date

**Instructions to Relinquishing Plan**

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

Then **mail with form to:** Church Extension Plan  
Attn: Life Rewards  
PO Box 12629  
Salem OR 97309