

Direct Rollover/Transfer Request

LIFE REWARDS™

1

PARTICIPANT INFORMATION

Prefix	Full Name	Date of Birth		
Social Security Number	Daytime Phone	Email		
Mailing Address	City	State	ZIP	

RELINQUISHING PLAN INFORMATION

Type of Account: 403(b), 401(k), IRA, Other	Account Number			
Current Custodian Name	Phone Number			
Current Custodian Address	City	State	ZIP	

DIRECT ROLLOVER/TRANSFER INSTRUCTIONS TO RELINQUISHING PLAN

Please transfer funds from the above named retirement account 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: _____

CONTINUED ON NEXT PAGE >



Church Extension Plan

PARTNERS in MINISTRY®

800-821-1112 • cepnet.com • PO Box 12629, Salem, OR 97309

p 503-399-0552 • f 503-581-3237 • [f/churchextensionplan](https://www.facebook.com/churchextensionplan) • [@Church_Ext_Plan](https://twitter.com/Church_Ext_Plan)



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Direct Rollover/Transfer Request

SPOUSAL CONSENT

I hereby consent to my spouse's transfer or direct rollover election from his/her retirement plan named on page 1 to Life Rewards™ 403(b) Ministry Retirement Plan.

Spouse's Signature

Date

NOTARY INFORMATION

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

Date

Notary Public for: _____ My commission expires: _____

[NOTARY SEAL HERE]

PARTICIPANT'S SIGNATURE

I authorize the direct rollover of retirement plan assets listed on page one and certify all information provided by me is correct and can be relied upon by the receiving and sending Custodian/Trustee. I understand it is my responsibility to determine that I am eligible to rollover these assets within the tax law limits, regulations and plan agreements. I understand there may be penalties or tax consequences that apply to this rollover of assets. I agree to hold Church Extension Plan, Plan Administrator and Trustee harmless for any action or omitted action based on directions or information I provide them.

Participant 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

Make check payable to: Church Extension Plan, FBO participant's name. Mail to:

Church Extension Plan
Attn: Investments
PO Box 12629
Salem, OR 97309-0629