403(b) Direct Rollover Request

You must be eligible to receive a distribution from the distributing plan and be an eligible participant in CEP's 403(b) Plan before you can request a direct rollover. Some companies may require you to complete their forms. Contact the sending custodian for additional requirements.

Full Name			Date of Birth	Account Numb	er	
Daytime Phone			Social Security Number			
Mailing Address			City	Sta	ite	ZIP
Email						
SENDING CUSTOD	IAN INFORM	IATION				
Sending Custodian Name				Ph	one	
Sending Custodian Address			City	Sta	ite	ZIP
SENDING ACCOUN	NT TYPE* AN	D AMOUNT	(Attach your most recent stateme	ent for the account you are moving. *	Designated Roth	contributions not accepted.)
☐ Traditional IRA	☐ SEP IRA	☐ 401(k)	☐ Another 403(b) Plan	☐ Governmental 457(b) Qu	alified Plan	☐ Other Qualified Pla
Account number asse	ets are coming from	ı:				
Amount to Send:	☐ Full Liquida	tion 🗆 Pai	rtial Amount \$			
Timeframe:	☐ Immediatel	y □ At	Maturity – Maturity Date:			
PARTICIPANT AU1	THORIZATION	N				
Custodian/Trustee. I unders	understand it is my stand there may be	responsibility to penalties or tax	determine that I am eligible to consequences that apply to this	ded by me is correct and can be a rollover these assets within the s rollover of assets. I agree to hol as or information I provide them.	tax law limits, i d Church Exter	regulations, and plan
Participant Signature					Date	
SUBMITTING YOU	R FORM					
To submit your comp	leted form, send a s	canned PDF (or s	imilar format) to investment@	cepnet.com or mail/fax the docu	ment(s) to the	address/fax number belo
RECEIVING CUST	ODIAN ACCE	PTANCE				
				eiving Plan is a 403(b) retiremer ipt of any of the plan assets. (Ac		
executed as a trustee						

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