

403(b) Rollover-In or Transfer/Exchange-In Form



Mail Address:
The Hartford
Retirement Plan Service Center
PO Box 1583, Hartford, CT 06144-1583

Overnight Mail Address:
The Hartford
Retirement Plan Service Center
1 Griffin Road North, Windsor, CT 06095-1512

Hartford Group Number: 751731		Social Security Number:	
403(b) Plan Sponsoring Employer ("Employer"): Diocese of Palm Beach, Inc.		403(b) Plan Name ("Plan"): Diocese of Palm Beach, Inc. 403(b) Plan	
Participant Name: (Last, First, M.I.)			
Mailing Address:			Resident State:
Home Phone:	Best time to call <input type="checkbox"/> AM <input type="checkbox"/> PM	Work Phone:	Best time to call <input type="checkbox"/> AM <input type="checkbox"/> PM
Financial Advisor's Name, Phone & Email:			Ext:

A. PARTICIPANT REQUEST AND CERTIFICATION

1. Please indicate below whether you are electing a Rollover or a Transfer/Exchange.
- If you are moving funds from a previous employer's Plan, this is considered a **ROLLOVER**. Select a. ROLLOVER
 - If you are moving funds from your current employer who is the same employer that sponsors your Hartford account, this is considered a **TRANSFER/EXCHANGE**. Select b. TRANSFER/EXCHANGE

a. Rollover I am electing to rollover an eligible rollover distribution to my account. I understand that if I am sending the rollover contribution directly to The Hartford, I certify that I did not receive the distribution more than 60 days before the date of the rollover contribution and I have provided documentation of when this distribution occurred. I understand that Roth rollovers may only be rolled over in a direct rollover.

I wish to **ROLLOVER** assets from the retirement program indicated below:

- 401 qualified plan (includes 401(k), SIMPLE 401(k), or 403(a) qualified annuity plans.)
- 403(b) tax deferred plan 403(b)(7) Mutual Fund
- 408 traditional IRA, including Simplified Employee Pension (SEPs) and SIMPLE IRAs (only after 2 years of participation.)
- 457(b) eligible Deferred Compensation plan sponsored by a governmental employer

b. Transfer/Exchange I am electing to transfer or exchange a 403(b) Plan Benefit from one contract to another contract with the same employer. I understand that the balance applied to my account as a result of moving my money will be recorded as "earnings" unless contribution source details are provided to The Hartford as listed in the instructions to this form.

2. I request that \$ _____ OR my entire account balance be moved from the provider listed below to my account with The Hartford identified by the Hartford Group Number above.
- If your contract includes a Roth Contributions feature, check here to indicate that designated Roth contributions will be included (Contact your employer or The Hartford at 1.800.528.9009 to determine if your plan has a Roth Contributions feature.)
3. **Prior Provider Information** (Note: Complete one form for each account. This Rollover In/Exchange In request will be sent to the address below regardless of an address provided on other paperwork.)

Provider Name	Account Number
Address	
Contact Person	Phone Number and Extension



4. Participant Signature:

I hereby agree to the terms and conditions stated in this form and certify that I am requesting a rollover or transfer/exchange of my retirement assets in accordance with applicable IRS and plan rules. Additionally, I understand that if I am currently enrolled in the Plan, my assets will be allocated among the investment options based upon my current investment elections unless Special Instructions are provided below. I understand that I may change my current or future allocation instructions at any time under the Plan's procedures. This form cannot be used to change future allocations.

Special Instructions: _____

Participant Signature: _____ **Date:** _____

Please check with your employer and prior provider to determine if you need to have this transaction approved by your employer or authorized employer representative. This will expedite processing your request.

B. 403(b) CONTRACT TRANSFER REPRESENTATIONS, WARRANTIES, AND AGREEMENT

I, as a duly authorized representative of the Employer sponsoring this 403(b) Plan, represent and warrant the following:

1. this transfer is permitted by the Plan;
2. the distribution eligibility provisions under this contract are at least as restrictive as those imposed by the contract or custodial account to be exchanged and those of the Plan; and
3. the accumulated benefit in this contract or custodial account immediately after the transfer will be at least equal to the accumulated benefit in the contract or custodial account to be exchanged.

INFORMATION SHARING AGREEMENT

For the Group Variable Annuity Contract or the Custodial Account and Group Fixed Annuity identified by the Group Number indicated which funds the Plan the Employer and Hartford Life Insurance Company or Hartford Securities Distribution Company, Inc. respectively, agree to share information necessary to comply with the requirements of Internal Revenue Code §403(b) in accordance with Treasury Regulation §1.403(b)-10(b)(2) including information concerning the participant's employment status, information as to whether the hardship withdrawal rules are satisfied, information that takes into account other §403(b) contracts or qualified plans of the Employer, and information necessary to satisfy other tax requirements including the requirements applicable to participant loans.

C. EMPLOYER OR AUTHORIZED EMPLOYER REPRESENTATIVE SIGNATURE

If The Hartford has been provided notice that a TPA or other third party is required to approve financial transactions, this request will be considered not in good order unless or until we obtain that approval. I certify the following:

For transfers or exchanges:

- The plan allows for transfers and/or exchanges.
- If The Hartford is not an approved provider, the plan agrees to the terms and conditions of the Information Sharing agreement set forth in Section B above.
- If The Hartford is an approved provider, Section B above does not apply.

For rollovers:

Plans NOT subject to ERISA: Consistent with Field Assistance Bulletin 2007-02, an employer may be required to certify to a provider a state of facts within the employer's knowledge as employer. The plan is certifying that the individual identified above is eligible to affect a rollover into the plan.

Plans subject to ERISA:

- The plan is certifying that the individual identified above is eligible to affect a rollover into the plan.
- The authorized signature below certifies eligibility and acceptance of the rollover as instructed in this request.

Employer or Authorized Employer Representative Signature: _____ **Date:** _____

Your signature here may be required by the prior provider to expedite the release of funds.