

INTER-PLAN TRANSFER FORM

IN-KIND DIRECT ROLLOVER



ABA Retirement Funds Program ("the Program")
P.O. Box 55072 • Boston, MA 02205-5072

Customer Contact Center: 800.348.2272
Website: www.abaretirement.com

Complete this form to transfer your base plan account from your previous employer to your new employer's account. **This form must be accompanied by a completed Distribution Request Form.** The participant reads section 1, completes section 2, and signs section 5. The Authorized Plan Representative from your former employer and current employer both complete sections 3 and 4, respectively. Your current Authorized Plan Representative mails the original, signed form to the address shown above.

1. TRANSFERRING BETWEEN PLANS

If you have terminated employment with a firm participating in the ABA Retirement Funds Program and gain employment with another firm participating in the Program, you may roll over your prior base plan account to consolidate with your new firm's account.

Follow these steps: **1.** Complete the Distribution Request Form. **2.** Also complete this Inter-Plan Transfer Form, In-Kind Direct Rollover. If you maintain a Self-Directed Brokerage Account (SDBA), indicate your SDBA number in the space provided.

You will receive Form 1099-R in the following year with box 7 coded with a "G" to indicate that the distribution was rolled over to another qualified employer plan.

2. PARTICIPANT INFORMATION

Participant's Name: _____ Social Security Number: _____-____-____

Date of Birth: ____/____/____ Sex: M F Marital Status: Single Married

Participant's Primary Residence: _____
(MAXIMUM OF 30 CHARACTERS EACH LINE)

City: _____ State: _____ Zip Code: _____

Daytime Phone Number: (____)____-____ E-Mail Address: _____

3. FORMER EMPLOYER INFORMATION

Program Plan Number: _____ Employer Tax ID Number: _____-____-____ IRS Plan Number: _____

Employer's Name: _____ Employer's Business Phone Number: (____)____-____

SDBA Account Number: _____ (if applicable)

The participant referenced above has terminated employment with this firm and is _____% vested.

SIGNATURE OF AUTHORIZED PLAN REPRESENTATIVE ON BEHALF OF THE FORMER EMPLOYER

DATE

4. CURRENT EMPLOYER INFORMATION

Program Plan Number: _____ Employer Tax ID Number: _____-____-____ IRS Plan Number: _____

Employer's Name: _____ Employer's Business Phone Number: (____)____-____

SDBA Account Number: _____ (if applicable)

The participant referenced above has met the age and service eligibility requirements and has been enrolled in our plan.

SIGNATURE OF AUTHORIZED PLAN REPRESENTATIVE ON BEHALF OF THE CURRENT EMPLOYER

DATE

5. SIGNATURE

This form serves as instructions to transfer the assets of my current account "in-kind" as a direct rollover of the ABA Retirement Funds Program plan with my previous employer, as shown above, to my account with my current employer, as shown above, including any holdings I may be maintaining in a Self-Directed Brokerage Account. I understand that such assets transferred in-kind will be transferred to the same investments in the new plan and not be affected by the investment allocations I have chosen for future contributions to the new plan. I hereby release and agree to hold harmless the ABA Retirement Funds Program and Mercer Trust Company from any and all liability with respect to this in-kind transfer of assets as a direct rollover.

SIGNATURE OF PARTICIPANT

DATE (REQUIRED)