CALSTRS pension 2 personal wealth plan

457 PLAN TRANSFER IN REQUEST

1. TYPE OF REQUEST

- ❑ Transfer from another Employer's 457 Plan
- ❑ Exchange of another investment alternative offered by my Employer's 457 Plan

2. GOOD ORDER INSTRUCTIONS

1. Good order is the receipt at our designated location of this form accurately and entirely completed and includes all required signatures. If this form is not received in good order, as determined by us, it may be returned to you for correction and processed upon re-submission in good order at our designated location. You must be enrolled in your school district's 457 plan prior to submitting this form.
2. Please attach a copy of your most recent statement from your former investment provider/record keeper.
3. In order to process the request, the transferred assets must be received at our designated location in good order. Assets transferred by the Former Investment Provider/Record Keeper will be deemed to be in good order if accompanied by the appropriate information to enable Voya to apply the assets to the Participant's account. Plan transfers/contract exchanges will not be accepted unless a signed copy of the Letter of Acceptance is received in good order. If this form is not received in good order, Plan transfers/contract exchanges will be returned to the carrier from which you are transferring the funds.
   Any corrections made on this form must be initialed and dated by the appropriate parties. If any alternate investment instructions indicated on page 2 are not in good order, as we determine, we may return the form to you for correction and re-submission, or we may contact you to clarify investment instructions.
4. Funds will be applied to the account as soon as administratively possible when all documentation is received in good order.

3. PARTICIPANT INFORMATION

PARTICIPANT NAME: _____

DATE OF BIRTH (MM/DD/YYYY): _____ **SOCIAL SECURITY NUMBER (Required):** _____

STREET ADDRESS/PO BOX: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

WORK PHONE: _____ **EXTENSION:** _____ **HOME PHONE:** _____

4. FORMER INVESTMENT PROVIDER/RECORD KEEPER

Former Investment Provider/Record Keeper Name: _____

Former Investment Account # *(Indicate all account numbers from which this transfer request applies.)* _____

Street Address *(Required)* / PO Box *(as applicable)*: _____

City: _____ State: _____ ZIP: _____

- ❑ Liquidate all Shares
- ❑ Partial Transfer/Exchange/Rollover $ _____ or _____ %
- ❑ Maximum without penalty

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5. TRANSFER TO SCHOOL DISTRICT'S 457 PLAN

Make check payable to: CalSTRS Pension2 FBO Your Name

Please complete the form and provide it along with your check to your employer or the assigned Third Party Administrator for your school district.

Required - School District's 457 Plan # and/or Employer Name _____

6. INVESTMENT ALLOCATION (Obtain Fund Number from most recent quarterly statement package or enrollment kit.)

Unless otherwise indicated below, your transferred/exchanged amounts assets will be invested according to your current investment elections for ongoing contributions of the School District 457 Plan Number indicated above. Use whole percentages (e.g., 33% not 33 1/3%).

OR

❑ Enter the percentage or dollar value of the transferred asset amount to be allocated to each investment option.

Fund #	% or $	Fund #	% or $

The total must equal 100% of the transferred assets or your funds will be put into the investment elections on file

7. TRANSFER/EXCHANGE INFORMATION (This section MUST be completed if transfer or exchange is selected in Type of Request section.)

Plan transfer/contract exchange amounts from (Check all that apply.)

❑ 457(b) Custodial Account

❑ Exchange/Transfer from a Roth 457 Account

For transfers/exchanges of Roth money, we must receive cost basis and the Roth account's start date directly from your prior record keeper. Otherwise, we will use the year your initial Roth contribution is applied to this contract and assume the transfer amount's cost basis is zero for tax reporting purposes. This may adversely affect the tax consequences of any future distribution from your Roth account.

Please provide a breakdown of the applicable money types:

Employer _____ % or $ _____ of transferred/exchanged amounts assets

Employee (pre-tax) _____ % or $ _____ of transferred/exchanged amounts assets

Employee (non-Roth after-tax) _____ % or $ _____ of transferred/exchanged amounts assets

Employee (Roth after-tax) _____ % or $ _____ of transferred/exchanged amounts assets

8. PARTICIPANT SIGNATURE AND CERTIFICATION

I have reviewed the completed information, and it correctly reflects my intended rollover (or transfer) of benefits to the Destination Plan. I certify that the amounts are rollover eligible amounts in accordance with the Internal Revenue Code of 1986, as amended. I understand, unless specified differently on this form, the amount received by Voya will be invested in accordance with my current investment allocation under the Destination Plan on the date the amount is received in good order. I also understand when these assets are subsequently withdrawn or distributed, the distribution may be subject to a surrender fee and/or market value adjustment. Amounts rolled over from a non-457 plan to a governmental 457(b) would continue to be subject to any applicable 10% Premature Withdrawal Tax under the Internal Revenue Code.

I understand that Transfer/Exchange will be invested in accordance with Part 6 above under the CalSTRS Pension2 contract.

I acknowledge that I have read and accept the terms of this form and that the information shown is correct and complete.

PARTICIPANT SIGNATURE_____ DATE_____/_____/_____

PARTICIPANT SSN_____

PLEASE REVIEW YOUR APPLICATION CAREFULLY. HAVE YOU?

Please check off each item below prior to submitting this form. Missing information on this form may result in a delay in processing or rejection of your request.

- ❑ Elected the type of request.
- ❑ Read the Good Order instructions.
- ❑ Completed the Participant Information section.
- ❑ Completed the Former Investment Provider section.
- ❑ Noted the School District's 457 plan # or Employer name.
- ❑ Chosen an investment Allocation.
- ❑ Completed the Transfer/Exchange Section.
- ❑ Signed and Dated the form.
- ❑ Acquired Third Party Administrator and/or Employer authorized signature or approval certification.

If you have any questions, please contact a Customer Service Associate at 844-electP2 (844-353-2872) (TTY/TTD users call 800-468-5449) or go online Pension2.com.

If your application is complete, please mail the application to:

VIA MAIL
CalSTRS Pension2 Plan Administration
P.O. Box 55772
Boston, MA 02205-5772

VIA OVERNIGHT DELIVERY
CalSTRS Pension2 Plan Administration
30 Braintree Hill Office Park
Braintree MA 02184

EMPLOYER OR PLAN SPONSOR AUTHORIZED SIGNATURE AND CERTIFICATION (This section must be completed by the Employer or its designee if required by a contract between the Company and the Employer.)

I am an Employer or Plan Sponsor of the Plan identified above and certify the following:

- I have read and agree to the terms of the request;
- I have verified the Participant's eligibility for such request and have not relied solely on information provided by the Participant in this form in order to make this determination;
- The requested benefits are permitted in accordance with the terms of the Plan document;
- The information provided in this document is complete and accurate to the best of my knowledge. If any information provided by the Participant to the Company is in conflict with the information provided by me to the Company, I acknowledge that the Company will rely conclusively on the information provided by me; and
- I have amended my Plan document to reflect all applicable federal tax legislation and IRS guidance, including the Pension Protection Act of 2006, in accordance with the IRS's remedial amendment period.

AUTHORIZED SIGNER NAME (PLEASE PRINT) _____

AUTHORIZED SIGNER SIGNATURE _____ **DATE (MM/DD/YYYY)** _____

THIRD PARTY ADMINISTRATOR AUTHORIZED SIGNATURE AND CERTIFICATION (This section must be completed if required by the Employer.)

I am employed as a Third Party Administrator of the Plan identified above and certify the following:

- I have read and agree to the terms of the request;
- I have verified the Participant's eligibility for such request and have not relied solely on information provided by the Participant in this form in order to make this determination;
- The requested benefi ts are permitted in accordance with the terms of the Plan document; and
- The information provided in this document is complete and accurate to the best of my knowledge. If any information provided by the Participant to the Company is in conflict with the information provided by me to the Company, I acknowledge that the Company will rely conclusively on the information provided by me.

NAME OF TPA FIRM _____

AUTHORIZED SIGNER NAME (PLEASE PRINT) _____

AUTHORIZED SIGNER SIGNATURE _____ **DATE (MM/DD/YYYY)** _____