

1. TYPE OF REQUEST

- Transfer from another Employer's 403(b) Plan
- Exchange of another investment alternative offered by my Employer's 403(b) 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 403(b) 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 the same day they are received from the Former Investment Provider/Record Keeper if received in good order before the close of the New York Stock Exchange on any date the Stock Exchange is open for trading (usually 4:00 p.m. Eastern Time). All requests received in good order after the close of the Stock Exchange will be processed the next day that the Stock Exchange is open.

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 (Optional): _____

City: _____ State: _____ ZIP: _____

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

5. TRANSFER TO SCHOOL DISTRICT'S 403(b) 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 403(b) 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 403(b) 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

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.)

- 403(b)(1) Annuity Contract
- 403(b)(7) Custodial Account
- Exchange/Transfer from a Roth 403(b) 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 understand direct transfers/exchanges after September 24, 2007 will be subject to new requirements under the Final 403(b) Regulations issued in July 2007. Under the new rules, the exchange of one 403(b) contract for another 403(b) contract will be subject to information sharing between the Employer maintaining the 403(b) Plan and CalSTRS Pension2 as your investment provider to begin no later than January 1, 2009.

If the Employer maintaining the underlying 403(b) Plan does not agree to share information with CalSTRS Pension2, I understand CalSTRS Pension2 will contact me to move the assets to another 403(b) contract with an Employer willing to share information with CalSTRS Pension2 or another investment provider approved under the Plan OR to roll the assets into an IRA (provided a distributable event has occurred). I understand this asset transfer/rollover will be completed without deferred sales charge and would have to occur by June 30, 2009 or I may incur adverse tax consequences.

I consulted my tax advisor before proceeding with the transaction.

I understand that if historical, grandfathered account values are not provided to CalSTRS Pension2, the entire amount transferred will be subject to Internal Revenue Service (IRS) withdrawal restrictions and minimum distribution rules applicable to post-1988 earnings. I understand that transferred amounts will be subject to the applicable IRS withdrawal restrictions. I understand that if Pre-Tax 403(b)(7) Custodial Account assets are transferred into a 403(b)(1) Annuity Contract, the more stringent 403(b)(7) withdrawal restrictions will apply. In addition, I understand CalSTRS Pension2 will treat all incoming rollover, transfers or exchanges (whether or not they were previously subject to the Employee Retirement Income Security Act) as subject to the ERISA status of the Destination Plan indicated on page 2. 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 403(b) 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 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

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.

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 benefits 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)** _____