



ARPC Rollover/Transfer Form (Incoming)

1700 North Brown Rd, Suite 106, Lawrenceville, GA 30043 ▪ Phone: 800.789.8765 ▪ Fax: 678.825.1261

This form is not required for funds being rolled over from the current ARP Defined Benefit or Pension plan.

This form will help you consolidate assets from outside retirement accounts within the ARPC Retirement Plan. Moving your retirement assets to the ARPC Retirement Plan should reduce your paperwork, facilitate your investment decisions and reduce select fees. Transferring your assets to the ARPC Retirement Plan involves two steps. First you must complete all the relevant information on this form. Secondly, you will need to contact your former retirement plan provider for their Rollover/ Transfer form. Our form helps us to ensure your assets are eligible for the ARPC Retirement Plan and it also helps us to properly account for your assets. Your former retirement plan provider's form will give them direction and permission to move your retirement assets to the ARPC Retirement Plan.

You are eligible to move the following types of accounts into the ARPC Retirement Plan: traditional IRAs, 401(a)s, 401(k)s, 403(b)s or governmental 457(b)s. A traditional IRA is not a Roth IRA or a Coverdale IRA (educational). Both the Roth IRA and Coverdale IRA are not allowed in the ARPC Retirement Plan.

Please complete the attached form and return it to PCA Retirement & Benefits (RBI) for processing of your exchange, transfer or rollover. You must be enrolled in the ARPC Retirement Plan prior to submitting this request.

**PCA Retirement & Benefits
Attn: Rollovers/ Transfers
1700 N. Brown Road, Suite 106
Lawrenceville, GA 30043**

There are three ways to move retirement assets into the ARPC Retirement Plan. In Section 3, you will need to identify which of the three transactions you are requesting. To find out more information about the transaction types, read the descriptions about Direct Rollovers, Plan-to-Plan Transfers and Contract Exchanges detailed below.

Direct Rollover: If you have experienced a qualifying event (i.e. separation of service, disability or attainment of age 59½), you may move your assets to another 403(b) plan. Rollover assets may be subject to different distribution rules in the receiving plan. Please read the receiving plan documents carefully and consult with your financial or tax advisor prior to initiating a direct rollover.

Plan-to-Plan Transfer: Upon your separation of service you may elect to move your 403(b) account to the 403(b) plan of your new eligible employer. Both your prior and current employers must allow for Plan-to-Plan transfers. Please note that all Plan-to-Plan transfers are subject to the rules of the receiving plan. Please read the receiving plan documents carefully and consult with your financial or tax advisor prior to initiating a Plan-to-Plan transfer.

Contract Exchange: If you have not experienced a qualifying event such as a separation of service, disability, or attainment or age 59½, and you would like to transfer your account between approved providers in your current employer's plan, you may do so via a contract exchange. Please note you may only execute a contract exchange to a provider with whom your current employer has approved in the plan document and has entered into an Information Sharing Agreement (ISA) with the employer.



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SECTION 1 - Personal Information

| | | | |
|----------------|------------|-------------------|----------|
| Name | | Social Security # | |
| Address | City | State | Zip |
| Marital Status | | | |
| Married | Widowed | Single | Divorced |
| Home Phone | Cell Phone | Email | |

SECTION 2 - Type of Current Retirement Account You Are Transferring From

| | | | | |
|-----------------|---------|--------|---------|--------|
| Traditional IRA | 403(b)* | 457(b) | 401(k)* | Other: |
|-----------------|---------|--------|---------|--------|

* If this account includes 403(b) or 401(k) Roth contributions, additional information is required.

| | | |
|---------------------|---------------------------|---|
| Roth Balance | Roth Contributions | Date of 1 st Roth Contribution |
| Traditional Balance | Traditional Contributions | |

Note: Roth IRAs and Coverdale IRAs (educational) are not permitted to roll into 403(b) plans.

SECTION 3 - Type of Transaction You Are Requesting - Refer to Page 1 for descriptions of each transaction

I am requesting a: (please check one)

A. Direct Rollover

Total amount to be transferred: \$ _____

B. Plan to Plan Transfer

From employer: _____ Total amount to be transferred: \$ _____

- Code Section 403(b)(1) annuity contract
- Code Section 403(b)(9) retirement income account
- Code Section 403(b)(7) custodial account

C. Contract Exchange

From employer: _____ Total Amount to be exchanged: \$ _____

SECTION 4 - Former Plan Provider Information - REQUIRED

| | | | |
|-----------------------|----------------------|----------------|-----|
| Plan Provider Name | | Phone | |
| Plan Provider Address | City | State | Zip |
| Account # | Former Employer Name | | |
| Amount to Move | | | |
| Dollar Amount: \$ | | OR Percentage: | |



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SECTION 5 – Delivery Instructions

Please send completed form and check to:

**PCA Retirement & Benefits
Attn: Rollovers/ Transfers
1700 N. Brown Road, Suite 106
Lawrenceville, GA 30043**

Please Note: If your plan provider is sending the payment directly to the RBI office please be sure to send the completed Transfer/Rollover form prior to our office receiving the payment from your plan provider. This form will allow us to process your payment accurately and efficiently.

Checks should be made payable to:

ARPC Retirement Plan FBO (Participant’s Name)

SECTION 6 – Plan to Plan Transfer Employer Verification

| | | |
|---------------------------|-------------------|----------------------------|
| Employer | | |
| Employment Status | | |
| Active | Terminated | Date of termination |
| Employer Signature | | |

SECTION 7 – For Ministers Eligible for Housing Allowance – Required for those wishing to retain housing allowance benefits

If you are a minister eligible for retirement income housing allowance please complete the following section regarding your Transfer or Rollover:

I attest that the total amount of this transfer or rollover is attributable to service as a minister during which time I was eligible for the housing allowance provision.

I attest that a partial transfer or rollover amount of \$ is attributable to service as a minister during which time I was eligible for the housing allowance provision.

I attest that this transfer or rollover is NOT attributable to service as a minister during which time I was eligible for the housing allowance provision. I understand that any distributions received at retirement from this rollover or transfer and any earnings attributable to this source cannot be designated towards a housing allowance.

SECTION 8 – Employee Authorization

I hereby authorize PCA RBI to receive the transfer/rollover of my retirement funds to be allocated to my ARPC Retirement Account. (Note: Transfer/Rollover contributions will be invested according to the investment elections on file.)

| | |
|------------------|-------------|
| Signature | Date |
|------------------|-------------|



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Optional Information to be Provided by You or Your Former Retirement Plan Provider

The portion of the Contract Exchange or Plan to Plan Transfer that applies to each of the following types of contributions is detailed below. You will need to enter the dollar amount associated with your Plan to Plan Transfer or Contract Exchange to the extent the information is available. **(Failure to complete the information requested will not delay processing of this form but it may subject the Contract Exchange or Plan to Plan Transfer amounts to more restrictive rules than those imposed prior to the exchange or transfer.)**

| | Contract Exchange | Plan to Plan Transfer |
|--|-------------------|-----------------------|
| A. Total employer (non-elective) contributions & earnings | \$ _____ | \$ _____ |
| • Employer contributions | \$ _____ | \$ _____ |
| • Earnings on employer contributions | \$ _____ | \$ _____ |
| | Vested _____ % | Vested _____ % |
| B. Total salary reduction (elective) contributions & earnings | \$ _____ | \$ _____ |
| • Salary reduction contributions | \$ _____ | \$ _____ |
| • Earnings on salary reduction contributions | \$ _____ | \$ _____ |
| C. Total after-tax (tax paid) contributions & earnings | \$ _____ | \$ _____ |
| • After-tax contributions | \$ _____ | \$ _____ |
| • All earnings on after-tax contributions | \$ _____ | \$ _____ |
| • Pre-87 after-tax contributions | \$ _____ | \$ _____ |
| D. Total Roth elective deferral contributions | \$ _____ | \$ _____ |
| • Roth elective deferral contributions | \$ _____ | \$ _____ |
| • Earnings on Roth elective deferral contributions | \$ _____ | \$ _____ |
| E. Total tax deductible contributions & earnings | \$ _____ | \$ _____ |
| F. Total transfer contributions & earnings | \$ _____ | \$ _____ |
| G. Total amount of 12/31/86 account balance | \$ _____ | \$ _____ |

SECTION 9 – Certification by Participant

The information provided above accurately reflects my records.

I certify that the Contract Exchange or Plan to Plan Transfer is solely attributable to amounts from a Code 403(b)(1) annuity contract, 403(b)(7) custodial account, and/or a 403(b)(9) retirement income account.

| | |
|------------------|-------------|
| Signature | Date |
|------------------|-------------|