

1 ROLLOVER/TRANSFER REQUIREMENTS

In order to be eligible for a rollover/transfer, all of the below statements must be true.

- You must currently be a participant or eligible to be a participant in the AGFinancial 403(b) Plan (“Plan”).
- The rollover amount must be from an eligible plan and cannot include the following: Required minimum distributions; loans treated as distributions; hardship distributions; distributions of excess contributions and related earnings; distributions that are one of a series of substantially equal payments; withdrawals electing out of automatic contribution arrangements; distributions to pay for accident, health, or life insurance; dividends on employer securities; S corporation allocations treated as deemed distributions; or, nondeductible IRAs.
- Indirect rollovers cannot be from a designated Roth account or a traditional after-tax account of an employer plan.

2 GENERAL

WHO CAN ROLL OVER/TRANSFER FUNDS INTO THE PLAN?

You must either already be enrolled in the Plan or be eligible to enroll. Eligibility to enroll in the Plan includes holding credentials with the Assemblies of God, or active employment with an Assemblies of God ministry institution that uses AGFinancial as an authorized 403(b) plan vendor.

CAN I ROLL OVER OR TRANSFER AN INHERITED RETIREMENT ACCOUNT?

Only spousal beneficiary accounts may be rolled into your 403(b) account.

WHAT IS THE DIFFERENCE BETWEEN A 403(b) ROLLOVER AND A TRANSFER?

Rollovers typically occur when you change jobs or retire, and move your employer-sponsored plan to the AGFinancial 403(b) Plan. Transfers occur when you want to change your 403(b) plan provider and do not meet the qualifications listed for rollovers.

WHAT IS THE DIFFERENCE BETWEEN A DIRECT ROLLOVER AND AN INDIRECT ROLLOVER?

A direct rollover is when the distributing company transfers funds directly to AGFinancial for the benefit of the participant. An indirect rollover is when you cash out your account and receive a check made payable to you. A percentage of your total balance is withheld for taxes and will be considered a distribution if that amount is not included in the rollover. Indirect rollovers must be made within 60 days of receipt of a rollover from another plan; or, you may be able to claim a waiver of the 60-day rollover period under the IRS self-certification procedure. If using the self-certification procedure, the IRS-approved Model Letter signed by the participant must be attached.

3 TRANSFER PROCESS

WHERE DO I START?

Complete an Incoming Rollover/Transfer Form for each account you are rolling over or transferring and include requested documentation. Mail original forms and copies of documentation to AGFinancial, PO Box 2515, Springfield, MO 65801-2513. All rollover/transfer checks should be made payable to Ministers Benefit Association.

DO I NEED ANYTHING FROM MY CURRENT COMPANY?

Contact the company that manages your current plan to determine if a signature guarantee or other documentation is required to roll over or transfer the fund to the Plan. You may also need to initiate liquidation instructions of certain investments.

HOW LONG DOES A ROLLOVER/TRANSFER TAKE TO BE COMPLETED?

Your rollover/transfer process can take up to five weeks for completion depending on the processing time of the company sending the funds. You will receive a confirmation letter from AGFinancial when the rollover/transfer funds are received.

WHAT ABOUT REQUIRED MINIMUM DISTRIBUTIONS?

If you are 72 or older, you are required to take the required minimum distribution before you roll over or transfer funds.

4 MISCELLANEOUS

HOW WILL MY ROLLOVER/TRANSFER BE INVESTED?

Rollovers/transfers are invested according to the election on file for new contributions. To make changes, download and complete the 403(b) Investment Change form located at agfinancial.org/retirementforms before your rollover is received.

ARE THERE ANY FEES ASSOCIATED WITH ROLLOVERS/ TRANSFERS?

There are no fees to roll over or transfer funds into the Plan. However, any distribution of rollover/transfer funds from the Plan within the first year will be assessed a \$250.00 fee to cover administrative expenses of processing the rollover and distribution.

WHAT ELSE SHOULD I KNOW ABOUT 403(b) TRANSFERS?

MBA (DBA AGFinancial) must be listed as an approved vendor in your employer's 403(b) written plan prior to transfer.

The account statement must detail the information required in Section 4 of the Incoming Rollover/Transfer Form, or alternatively, a representative of the transferring company may certify in Section 4 that the information provided accurately reflects their records. If the accounting detail requested in Section 4 is not complete, AGFinancial will treat all funds received as pre-tax deferral earnings from a 403(b)(7) plan. If all monies received are treated as earnings, this may affect your ability to receive hardship distributions as well as any distributions for Roth and traditional after-tax monies.

403(b)(7) custodial accounts have more legal distribution restrictions than 403(b)(1) annuity and 403(b)(9) church accounts. Transfers from any 403(b) account must retain the same legal distribution restrictions that the original account was required to have. If the transferring 403(b) type is unknown, it must be treated as a 403(b)(7) custodial account. Additionally, 403(b) plans may restrict distributions differently according to their governing document.

ADDITIONAL QUESTIONS?

Contact us at 877.700.5231 or rollover@agfinancial.org.

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PARTICIPANT INFORMATION

Full Legal Name	Date of Birth	Social Security Number	
Physical Address (Required)	City	State	Zip
Mailing Address (If different)	City	State	Zip
Phone Number	Email Address		

2

DISTRIBUTING COMPANY INFORMATION

Company Name			
Address	City	State	Zip
Phone Number	Account Number		

3

ACCOUNT TYPE

Complete one form for each account and include a copy of your most recent statement from your distributing company.

INDIVIDUAL RETIREMENT ACCOUNT TYPE (IRA)
Select one option below.

Traditional
 SIMPLE
 SEP
 Other (not Roth) _____

EMPLOYER PLAN TYPE
Select one option below.

401(a)
 401(k)
 403(b)
 Governmental 457
 Other (Specify) _____

For 401(a), 401(k), and 403(b) accounts only:
 Did you open the account you are rolling over/transferring through your current Assemblies of God employer? *Select one below.*

No (proceed to next question)
 Yes (skip to Section 4 and have your current AG employer sign in Section 7)

For accounts from previous employers or current non-AG employers:
 Will your rollover include Roth after-tax funds? *Select one below.*

No (skip to Section 5)
 Yes (complete Roth information below, then skip to Section 5)

ROTH INFORMATION IF APPLICABLE
Send statement showing proof of Roth contributions, earnings, and initial contribution date.

\$ Contributions	\$ Earnings	Initial Contribution Date
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INCOMING ROLLOVER/TRANSFER FORM

(continued from previous page)

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BALANCE INFORMATION

Complete for current AG employer's 403(b) and 401(a)/(k) plan transfers only. Failure to complete the requested information may subject the amounts to more restrictive rules than those imposed prior to the move.

SOURCE TYPE	403(b)(9) or 403(b)(1)	403(b)(7) or 403(b) Unknown
Employer Non-Elective Contributions	\$ _____	\$ _____
Earnings on Employer Contributions	\$ _____	\$ _____
Employee Pre-Tax Elective Contributions	\$ _____	\$ _____
Elective Traditional After-Tax Contributions	\$ _____	\$ _____
Earnings on Traditional After-Tax Contributions	\$ _____	\$ _____
Elective Roth Designated After-Tax Contributions	\$ _____	\$ _____
Earnings on Roth After-Tax Contributions	\$ _____	\$ _____

CERTIFICATION BY TRANSFERRING 403(b) ISSUERS

I certify that the information provided here accurately reflects our records and that the 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 of Distributing Company Representative _____

Date _____

5

REDEMPTION INSTRUCTIONS

Complete one option below.

BROKERAGE ACCOUNT OR MUTUAL FUND COMPANY

OR

BANK, SAVINGS & LOAN, LIFE INSURANCE, ANNUITY OR CREDIT UNION ACCOUNT

Sell all assets and transfer cash to AGFinancial

Approximate Value \$ _____

Sell and transfer only a portion of my account

Asset Description _____

Entire account balance

Partial transfer of \$ _____

Liquidate immediately or transfer cash

Liquidate at maturity

Maturity Date _____

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CREDENTIALLED MINISTERS ONLY

Indicate if any money in the account listed in Section 3 came from non-ministerial income or a secular employer. These funds are still eligible to be rolled over/transferred, but the funds are not eligible to be used as retired minister's housing allowance*.

\$ _____ OR _____ %

*A retired minister is allowed to exclude from taxable income a housing allowance paid as retirement compensation to the extent that the amount paid is actually used to rent or otherwise provide the minister a home (i.e., a primary residence). The amount paid must constitute compensation for past services performed as a credentialed minister. The burden of proof for housing eligibility lies with the minister.

7 SIGNATURES

PARTICIPANT'S CERTIFICATIONS AND SIGNATURE

- I hereby make the following certifications and acknowledgments:
- I am either currently a participant or eligible to be a participant in the Plan.
- The rollover amount is from an eligible plan and does not include ineligible distributions, including, but not limited to, Required minimum distributions; loans treated as distributions; hardship distributions; distributions of excess contributions and related earnings; distributions that are one of a series of substantially equal payments; withdrawals electing out of automatic contribution arrangements; distributions to pay for accident, health, or life insurance; dividends on employer securities; S corporation allocations treated as deemed distributions; or, nondeductible IRAs.
- I am entitled to the rollover amount as an employee or spousal beneficiary, and not as a non-spouse beneficiary.
- If an indirect rollover, I received the distribution not more than 60 days before the date of this rollover contribution, or I qualify for a waiver of the 60 day requirement as indicated on the enclosed properly executed documents. I understand that the entire amount of the rollover contribution would be includible in gross income if it were not being rolled over.
- I agree to submit any additional information requested by AGFinancial to complete the rollover/transfer of the amount indicated above, which may include a determination letter indicating that my current plan is qualified, as well as a copy of the distribution statement which accompanied the distribution check.
- The requested amount does not exceed my vested benefit under my prior employer's plan and I agree that any amount rolled over will be distributed only in accordance with the distribution options and provisions of the Plan.
- I understand that any distribution of my rollover/transfer funds from the Plan within the first year will be assessed a \$250.00 fee.

The signature below authorizes the current custodian of these funds to release any and all information regarding my account to MBA or AGFinancial in any form requested.

Participant Signature	Printed Name	Date
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MEDALLION SIGNATURE GUARANTEE: AGFinancial does not require a Medallion Signature Guarantee., Contact the current company for their requirements.

MEDALLION SIGNATURE GUARANTEE*

*The medallion signature guarantee may be executed by banks, broker dealers, credit unions, national securities exchanges and savings associations which participate in STAMP, SEMP or NYSE-MSP. A notary public is not a substitute for a signature guarantee. The medallion signature guarantee stamp must include the words "Signature Guarantee, Medallion Guarantee" and otherwise comply with the medallion program requirements.

EMPLOYER'S INFORMATION AND SIGNATURE IF APPLICABLE

For current AG employer's 403(b) plan rollovers/transfers only. By signing below, I am approving this rollover/transfer of funds under our institution's 403(b) written plan from one vendor to another.

Employer Name	City	State
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Signature of Employer Representative	Printed Employer Representative Name and Title	Date
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LETTER OF ACCEPTANCE

This retirement plan is a retirement plan described under section 403(b)(9) of the Internal Revenue Code. AGFinancial agrees to accept the rollover/transfer as set forth above.

Signature of AGFinancial Representative	Printed AGFinancial Representative Name	Date
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