

PLAN-TO-PLAN TRANSFER REQUEST FORM

For Plans on the IPX Platform

Plan-to-Plan Transfer 403(b) and 457(b) plans: A plan-to-plan transfer is a transfer of assets from one employer's plan into another of the same plan type. For example, if you have changed employers and would like to move your account from your former employer's 403(b) plan into your current employer's 403(b) plan, or from your former employer's Governmental 457 plan into your current employer's Governmental 457 plan, you may be eligible to initiate a plan-to-plan transfer.

Some plans allow participants to TRANSFER or ROLLOVER the assets from their former employer. The choice of a transfer or rollover may impact your retirement plan, including, but not limited to, when the assets are available for distribution from your IPX Retirement account.

*For example, if a transfer is initiated, the withdrawal of assets may be limited to when the account holder meets a distributable event (e.g., severance from employment or age 70 1/2); however, if a rollover is initiated, those assets may be permitted to be withdrawn at any time pursuant to the account holder's request. This transaction is a plan to plan transfer and no tax reporting or withholding will be done as part of this request.

* The above example is for informational use only and is only provided to explain the difference between a transfer and rollover. The information provided is not intended to advise you to initiate a certain transaction.

All fields are required to avoid a delay in your request.

Separation Date (month / day / year)

SECTION 1 ACCOUNT HOLDER INFORMATION *If you are not enrolled in the new plan, IPX Retirement will use the information provided below to enroll you in the plan identified in Section 2 "Transfer To".

<input type="text"/> First Name	<input type="text"/> M.I.	<input type="text"/> Last Name	
<input type="text"/> Address (Street Address only. P.O. Boxes not accepted)		<input type="text"/> Apartment/Suite	
<input type="text"/> City	<input type="text"/> State	<input type="text"/> Zip	
<input type="text"/> Phone Number	<input type="text"/> Email Address*	<input type="text"/> Date of Birth (month / day / year)	<input type="text"/> Social Security Number

*By providing your email address, you consent to receiving notifications via email. If no email is provided communications will be sent via USPS.

SECTION 2 EMPLOYER & PLAN INFORMATION

Plan Type: 403(b)7 403(b)9 Governmental 457(b)

Transfer From:
Employer/Plan Name

Transfer To:
Employer/Plan Name

SECTION 3 NEW INVESTMENT ALLOCATION

INVEST MY TRANSFER TO MY NEW EMPLOYER AS FOLLOWS (Select One)

- Invest in the same allocations as my deferrals with my new employer.
- Invest in my current employer's plan in the same manner (funds and allocation) as in my former employer's plan. If I am not enrolled, please mirror my enrollment in my current employer plans (same product must be available in new employer plan).

In the event any trailing amounts are received after this transfer is processed, such amounts will be allocated as specified on this form. If you fail to indicate your allocation choice, your transfer will be allocated in the same manner as it was held in your previous employer's plan. If future investment elections for contributions/deposits have not been made in the receiving account, your investment elections will be transferred to your new employer's plan. NOTE: Distribution fees may apply. Please check your product disclosure for more information.

SECTION 4 SIGNATURE & ACCEPTANCE

ACCOUNT HOLDER SECTION

By signing this form, I certify that the information provided above is true and I am eligible to enroll in the plan identified above and to initiate the transfer request. If I am not enrolled in the plan identified in the above Section 2, I request that IPX Retirement enroll me using the information I provided in the above Section 1. I further acknowledge and warrant that I have received, read, and am in agreement with all the terms and conditions for FPS Trust Company, LLC dba IPX Trust (IPX) to provide custodial services as well as IPX Retirement to provide recordkeeping services along with other administrative services to the plan. Those documents that I have received which discloses the terms and conditions include, but are not limited to, the IPX Terms and Conditions, the Custodial Account Agreement and the Participant Account Agreement. I also acknowledge that I have received, read, and am in agreement with the fees associated with enrolling into the plan identified above.

Additionally, I understand it is my responsibility to determine if I am eligible to initiate the above requested transfer. I acknowledge that I am aware of and meet the requirements to initiate a transfer from my previous employer's 403(b)(7) plan to my new employer's 403(b)(7) plan, my previous employer's 403(b)(9) plan to my new employer's 403(b)(9) plan, or my previous employer's Governmental 457(b) plan to a new Governmental 457(b) plan as requested in the above Section 2.

I agree to indemnify and to hold harmless IPX, IPX Retirement, its affiliates, each of their employees, officers, trustees, or directors against any and all claims, losses, liabilities, damages and expenses that may be incurred by reason of any actions taken in accordance with the instructions set forth herein.

▶ <input type="text"/>	<input type="text"/>
Account Holder/Beneficiary/Alternate Signature	Date (month / day / year)

ADMINISTRATOR SECTION

Third-party administrator or plan sponsor approval of this distribution can be provided in one of two ways; 1) Separate correspondence (a letter, certificate, or other form of written authorization), OR 2) By signature below authorizing the distribution request.

▶ <input type="text"/>	<input type="text"/>
Administrator Signature	Date (month / day / year)
<input type="text"/>	<input type="text"/>
Printed Name of Signator	Printed Name of Administrator Company

Please email the completed form to IPXterservice@PCSretirement.com, fax to 720-900-2909, or mail to IPX Retirement c/o Aspire Financial Services 3000 Chestnut St. Unit 7767 Philadelphia, PA 19101