

**ESSDACK Consortium 403(b) Retirement Plan
Contract Exchange Transfer Application and Participant Authorization**

The purpose of this form is to request and authorize a nontaxable Contract Exchange or other applicable plan-to-plan transfer of funds held within one vendor's Internal Revenue Code Section 403(b)(1) annuity contract, Section 403(b)(7) custodial account, or Section 403(b)(9) retirement account to another Section 403(b) annuity contract or custodial account held within or on behalf of that same employer's sponsored 403(b) retirement plan.

In this case, the Contract Exchange Transfer Application is used to authorize the transfer of funds from a prior vendor's Section 403(b) annuity contract or custodial account to a replacement Section 403(b)(7) custodial account. Within the current circumstances, the participant is an employee of _____ School District (the "Employer"), who has elected to participate in a multiple-employer 403(b) plan established by the Educational Services and Staff Development Association of Central Kansas ("ESSDACK"), which is known as the ESSDACK Consortium 403(b) Retirement Plan (the "Plan"). The Plan is administered by TPP Retirement Plan Specialists, LLC (the "Administrator") on the Plan's behalf. Ameritime is an investment advisor (the "Provider") who has also been authorized by ESSDACK to assist the Administrator and the Employer's participants in completing these Contract Exchanges as well.

Note that a Contract Exchange applies only to the exchange or transfer of funds between Code Section 403(b) plans maintained by the same employer. You cannot exchange or transfer retirement plan funds from an IRA, profit sharing plan, a Code Section 401(k) plan, or other qualified retirement plans to the ESSDACK's Plan. You may contact the Administrator with questions on how to make transfers of such other funds to the Plan under those other circumstances.

Use a separate form for each Contract Exchange of a different 403(b) annuity contract or custodial account, even if being made on behalf of the same participant, or even if held by the same 403(b) vendor.

Return the complete form and any transferred funds to:

TPP Retirement Specialists, LLC
10801 Mastin, Ste 700
Overland Park, KS 66210
(913) 498-2200

Check Made Payable to:
Fidelity Investments
FBO ESSDACK Consortium 403(b) Plan
and _____ [Participant Name]
Reference Acct. No.: 251-132632

1. PARTICIPANT INFORMATION

Participant Name: _____
Participant ID or SSN: _____
Home Address: _____

City: _____ State: _____ Zip Code: _____
Birth Date: ____/____/____ Marital Status: Married Single Divorced Widowed
Daytime telephone: (____) _____
Email address: _____

2. ACCOUNT(S) TO BE EXCHANGED OR TRANSFERRED

Current Vendor/Custodian Name: _____ Telephone: (____) _____
Address: _____
City: _____ State: _____ Zip: _____

Account number: _____ Fund Name: _____ Entire account Partial (\$ or %) _____
Account number: _____ Fund Name: _____ Entire account Partial (\$ or %) _____
Account number: _____ Fund Name: _____ Entire account Partial (\$ or %) _____
Account number: _____ Fund Name: _____ Entire account Partial (\$ or %) _____

3. INVESTMENT ALLOCATION

I hereby understand and direct that my Contract Exchange or other plan-to-plan transfer amount will initially be contributed under the ESSDACK Plan based on the current contribution allocation election on file with the Plan's Provider/Administrator for other contributions made into the Plan. I understand that I have the option to modify the investment election for these exchange transfer amounts once such funds are received and allocated by the ESSDACK's Plan. If I don't have an existing investment election on file under the ESSDACK Plan at the time of my current Contract Exchange transfer, the ESSDACK Plan will invest these funds in the default investment option that exists under the ESSDACK Plan, and that I may contact Ameritime, as the Investment Provider under the ESSDACK Plan for more information about my investment options.

4. ACCOUNTING DETAIL INFORMATION (TO BE COMPLETED BY TRANSFERRING 403(B) ISSUER)

The portion of the Contract Exchange Transfer that applies to each of the following types of contributions is indicated below to the extent the information is available. **(Failure to complete the information requested may subject the Contract Exchange amounts to more restrictive rules than those imposed prior to the exchange or transfer.)**

	Current employer	Prior employer(s):
A. Total employer (non-elective) contributions & earnings	\$ _____	\$ _____
• Employer contributions	\$ _____	\$ _____
• Earnings on employer contributions (Post-89)	\$ _____	\$ _____
• Pre-89 employer contributions & earnings	\$ _____	\$ _____
B. Total salary reduction (elective) contributions & earnings	\$ _____	\$ _____
• Salary reduction contributions	\$ _____	\$ _____
• Earnings on salary reduction contributions (Post-89)	\$ _____	\$ _____
• Pre-89 salary reduction contributions & earnings	\$ _____	\$ _____
C. Total after-tax (tax paid) contributions & earnings	\$ _____	\$ _____
• After-tax contributions	\$ _____	\$ _____
• All earnings on after-tax contributions (Post-87)	\$ _____	\$ _____
• 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 pre-12/31/86 account balance	\$ _____	\$ _____

How many in-service distributions has the participant received in the current plan year? _____

Has the participant received a financial hardship distribution within the last six (6) months?

Yes No

If yes, please give the date of distribution: ___/___/___

Does the participant currently have a loan, or loans, outstanding? Yes No

If yes, please give the date of loan(s): ___/___/___
 ___/___/___

What was the highest monthly loan balance(s) of the last twelve (12) months? \$ _____

Does the participant have a loan in default status? Yes No

If yes, please give the date of default: ___/___/___

5. CERTIFICATION BY TRANSFERRING 403(B) VENDOR OR ISSUER

The information provided above accurately reflects our records and hereby certify that the Contract Exchange 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, and the distribution amounts fully comply with our organization's requirements under Code Section 403(b) and its applicable regulations. We also certify and agree that an executed Information Sharing Agreement has been completed with the ESSDACK Plan in the manner required under Code Section 403(b) as well.

Vendor/Transferor Signature: _____ Date: ____/____/____

6. PARTICIPANT CERTIFICATION AND AUTHORIZATION TO EXCHANGE OR TRANSFER FUNDS

By signing below, I understand it is my responsibility to request the Contract Exchange from the vendor/transferor listed above, and to request that arrangements are made to have the funds paid to the ESSDACK Plan. I further understand any costs associated with this exchange or transfer are my sole responsibility, but that this exchange or transfer is intended to qualify as a tax-free direct transfer between Code Section 403(b) annuity contracts or accounts and will be placed in the 403(b) plan of my Employer. The Transferor is directed to make the transferred amount payable to the Plan for my benefit and to forward the proceeds to the Administrator at the above address.

As required by law, I also understand the ESSDACK Plan verifies all participant information in regards to the requested Contract Exchange, but that the Plan may rely upon the representations made by the vendor or the Transferor of the Contract Exchange request. Except to the extent otherwise indicated, the Plan shall treat the Contract Exchange as though the amounts are attributable to a transfer of Code Section 403(b) contributions and/or earnings which are subject to distribution restrictions with respect to the participant that are not less stringent than those imposed on the contract being exchanged.

The Plan is released from any responsibility or liability regarding the accuracy of such representation or any tax consequences resulting from the exchange or transfer of these funds.

Employee Signature: _____ Date: ____/____/____

7. TO BE COMPLETED BY THE ESSDACK PLAN:

The ESSDACK Plan agrees to accept a Contract Exchange for your benefit from a Code section 403(b) plan as authorized under Code Section 403(b) and applicable regulations thereunder. The Contract Exchange amount will be credited to your Code section 403(b) account under the Plan, and shall be separately accounted for in relation to any identified after-tax and/or Roth elective deferrals included in the Contract Exchange as applicable. As required by law and as the receiving plan, the Plan and its authorized representatives provide that, to the extent any amount is subject to any distribution restrictions under applicable regulations, restrictions will be imposed on distributions to the participant or beneficiary whose assets are being transferred that are not less stringent than those imposed on the Transferor plan.

Signature of ESSDACK Plan representative: _____ Date: ____/____/____