

**Qualified Retirement Plan**

**QUALIFIED PLAN TRANSFER REQUEST**

*Check the option below which applies and follow the instructions under that option.*

**EMPLOYER AND PLAN INFORMATION**

Name of Plan \_\_\_\_\_

Name of Employer \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Federal Tax Identification Number \_\_\_\_\_

Type of Plan (Check one)  Profit Sharing Plan/Individual 401(k)  Money Purchase Pension Plan  Defined Benefit Pension Plan

**CURRENT CUSTODIAN OR TRUSTEE**

Name of Present Custodian or Trustee \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**TRANSFER DUE TO AMENDMENT AND RESTATEMENT**

**OPTION 1:**  An amendment and restatement occurs when an employer moves the plan and the plan assets to a new sponsor by adopting the new sponsor's plan as an amendment to the existing plan.

- \* The plan number (also known as the sequence number) will not change.
- \* The replacement plan must be established before the assets are transferred to the new Custodian or Trustee.
- \* The optional forms of benefits must be at least as favorable in the replacement plan as were available in the existing plan, unless certain requirements are met.

**TRANSFER OF ASSETS BETWEEN SEPARATE PLANS**

**OPTION 2:**  A transfer of assets between plans occurs when an employer maintains two or more separate qualified retirement plans and moves the assets from one plan to another.

- \* Each plan must have a different plan number (also known as the sequence number).
- \* The plan participants must be notified of the upcoming transfer.
- \* The transfer must be reported on each plan's annual IRS Form 5500 return.
- \* Any participant who has reached his or her first distribution calendar year must receive any required distributions before the assets are transferred.
- \* If the transfer is occurring between dissimilar plan types (e.g., Money Purchase Pension Plan to Profit Sharing Plan) the employer may wish to consider filing for a private letter ruling from the IRS.
- \* The optional forms of benefits must be at least as favorable in the plan receiving the transfer as were available in the plan transferring the assets, unless certain requirements are met.

**TRANSFER INFORMATION**

I direct you to transfer the assets from the above designated Qualified Retirement Plan as follows:

1. Please make the check payable to (or, if indicated below, reregister assets in the name of):

\_\_\_\_\_ as  Custodian  Trustee for  
\_\_\_\_\_ (name of plan which will receive the assets).

2. Transfer the assets in the manner prescribed below:

| Asset<br>Description | Quantity<br>In Plan | Quantity To<br>Be Transferred | Liquidate<br>Immediately | Transfer at<br>Maturity | Transfer<br>In Kind |
|----------------------|---------------------|-------------------------------|--------------------------|-------------------------|---------------------|
| _____                | _____               | _____                         |                          |                         |                     |
| _____                | _____               | _____                         |                          |                         |                     |
| _____                | _____               | _____                         |                          |                         |                     |
| _____                | _____               | _____                         |                          |                         |                     |

**SIGNATURES**

I acknowledge a plan has been established with the successor Custodian or Trustee.

Authorized Signature of  
Plan Administrator or Employer \_\_\_\_\_ Date \_\_\_\_\_

Notary Public/Signature Guarantee \_\_\_\_\_ Date \_\_\_\_\_

**SUCCESSOR CUSTODIAN OR TRUSTEE**

**Transfer Acceptance**

We agree to serve as the Custodian or Trustee for the above named plan and, as such, we agree to accept the assets being transferred.

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of Successor Custodian or Trustee \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_