

# Request for Transfer From 403(b) To 403(b)

- Please give this form to your current employer that sponsors the 403(b) plan you want to transfer money into. **(800) 977-2947**
- Employer: Please review this form. If your plan allows transfers into your plan, please sign the employer section and send to:
  - Regular mail**  
Praxis Mutual Funds  
c/o U.S. Bancorp Fund Services LLC  
P.O. Box 701  
Milwaukee, WI 53201-0701
  - Overnight mail**  
Praxis Mutual Funds  
c/o U.S. Bancorp Fund Services LLC  
615 E. Michigan St., 3rd Floor  
Milwaukee, WI 53202-5207
- Praxis will forward these instructions to the present trustee/custodian.

## 1. Employee information

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Employee's name \_\_\_\_\_  
First middle last

Address \_\_\_\_\_  
Street City State ZIP code

Social Security number \_\_\_\_\_ Birth date \_\_\_\_\_

## 2. Present custodian

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Name of custodian \_\_\_\_\_

Address \_\_\_\_\_  
Street City State ZIP code

Account or policy number \_\_\_\_\_

## 3. Source of assets to be transferred

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Attach your most recent account statement. If this is an annuity, please attach your contract.

- Mutual Fund  
 Annuity

## 4. Type of transaction

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- Investment transfer** – A transfer of funds between different 403(b) providers under the current employer's 403(b) plan.
- Contract exchange** – A transfer of funds between different 403(b) providers under an employer's 403(b) plan, where employees are not allowed to make ongoing contributions to Praxis. Praxis must have an information sharing agreement with the employer.
- Transfer from previous employer's 403(b) plan.**

## 5. Investment selection

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I am opening a new 403(b) account and have attached an application.

I have an existing Praxis 403(b) custodial account. Invest the proceeds as follows:

Fund selection	Percentage	Existing Account No.
Genesis Portfolios		
Conservative (3171)	_____ %	_____
Balanced (3172)	_____ %	_____
Growth (3173)	_____ %	_____
Impact Bond Fund (3157)	_____ %	_____
Value Index Fund (3160)	_____ %	_____
Growth Index Fund (3162)	_____ %	_____
Small Cap Index Fund (3161) (formerly named Small Cap Fund)	_____ %	_____
International Index Fund (3163)	_____ %	_____
Total	100 %	

## 6. Authorization for transfer

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*To resigning trustee or custodian:* I have established a 403(b) account with Praxis Mutual Funds. Please liquidate or transfer assets in my account with you, as indicated below. Please give your prompt attention to this request.

Liquidate  all or  part (\$\_\_\_\_\_) of the account indicated in Section 2 and transfer proceeds, in cash, to Praxis Mutual Funds  immediately or  at maturity.

Surrender the enclosed annuity contract(s) and forward proceeds in cash to Praxis Mutual Funds.

## 7. Participant authorization

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I wish to transfer the funds held in the account indicated in Section 2 to Praxis Mutual Funds. I understand and agree that this investment transfer or contract exchange is subject to the terms of the 403(b) plan and my current annuity contract/custodial account. I understand that this transfer may be subject to withdrawal charges from my current annuity contract/custodian, and that my purchase may be subject to certain charges. If this is an investment transfer, I understand this transfer request is not a change in investment selection for future contributions under the 403(b) plan and that I must complete a new salary reduction agreement in order to initiate an investment change for future contributions.

X \_\_\_\_\_  
Signature of account owner Date

\_\_\_\_\_  
Medallion signature guarantee\* Date

*\*A signature guarantee may be obtained from any eligible guarantor institution, as defined by the Securities and Exchange Commission. These institutions include banks, saving associations, credit unions and brokerage firms. The words "signature guaranteed" must be stamped or typed near your signature. The guarantee must appear with the printed name, title and signature of an officer and the name of the guarantor institution. Please note that a Notary Public Seal or Stamp is not acceptable.*

## 8. Current employer authorization

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I am the current employer of the person identified in Section 1. I acknowledge that this transaction is permitted under the terms of our 403(b) plan and that I approve of this transaction. I certify that Praxis Mutual Funds is an authorized product provider under our plan, and if required by law, we have signed an information sharing agreement with Praxis.

\_\_\_\_\_  
Signature of employer

\_\_\_\_\_  
Date

**9. Instructions and acceptance**

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Everence Trust Company has agreed to serve as custodian for the above person's 403(b) account. As custodian, Everence Trust Company will accept the transfer described above. Please liquidate and transfer on a custodian-to-custodian basis all or part of the designated account as instructed in Section 6. Make check payable to Praxis Mutual Funds and mail in the enclosed envelope accompanied by a copy of this request to:

**Regular mail**

Praxis Mutual Funds  
c/o U.S. Bancorp Fund Services LLC  
P.O. Box 701  
Milwaukee, WI 53201-0701

**Overnight mail**

Praxis Mutual Funds  
c/o U.S. Bancorp Fund Services LLC  
615 E. Michigan St., 3rd Floor  
Milwaukee, WI 53202-5207

Also include the following information on the check:

\_\_\_\_\_  
Praxis 403(b) custodial account number

\_\_\_\_\_  
FBO



\_\_\_\_\_  
Authorized signature – Everence Trust Company

\_\_\_\_\_  
Date