403(b) Direct Rollover Request

You must be eligible to receive a distribution from the distributing plan and be an eligible participant in GenFi Ministries' 403(b) Plan before you can request a direct rollover. Some companies may require you to complete their forms. Contact the sending custodian for additional requirements.

Pa	irticipant Inform	ation					
	Full Name			Date of Birth	403(b) Numb	er	
	Daytime Phone			Social Security Number			
	Mailing Address			City	S	itate	ZIP
	Email						
Se	ending Custodia	n Information					
	Sending Custodian Nar	me			F	Phone	
	Sending Custodian Add	dress		City	S	itate	ZIP
Se	ending Account	Type* and Am	ount (Attach yo	our most recent statement for the a	ccount you are moving. *Designate	ed Roth contributio	ns not accepted.)
	☐ Traditional IRA	☐ SEP IRA	□ 401(k)	☐ Another 403(b) Plan	☐ Governmental 457(b) G	Qualified Plan	☐ Other Qualified Plan
	Account number ass	ets are coming from	n:				
	Amount to Send:	☐ Full Liquida	ntion	rtial Amount \$			
	Timeframe:	☐ Immediate	ly 🗆 At	Maturity – Maturity Date:			
Pa	rticipant Autho	rization					
	Custodian/Trustee. I agreements. I under	understand it is my stand there may be	responsibility to penalties or tax	determine that I am eligible to	ded by me is correct and can be o rollover these assets within th s rollover of assets. I agree to h on I provide them.	e tax law limits,	egulations, and plan
	Participant Signature					Date	
Su	ıbmitting Your F	orm					
	To submit your comp	oleted form, send a	scanned PDF (or	similar format) to retirement@	genfi.com or mail/fax the docu	ment(s) to the a	ddress/fax number below.
Re	eceiving Custodi	ian Acceptanc	:e				
					Plan is a 403(b) retirement acc of the plan assets. (Acceptanc		
	Authorized Signature					Date	

