

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.

Participant Information

Full Name	Date of Birth	403(b) Number	
Daytime Phone	Social Security Number		
Mailing Address	City	State	ZIP
Email			

Sending Custodian Information

Sending Custodian Name	Phone		
Sending Custodian Address	City	State	ZIP

Sending Account Type* and Amount (Attach your most recent statement for the account you are moving. *Designated Roth contributions not accepted.)

Traditional IRA SEP IRA 401(k) Another 403(b) Plan Governmental 457(b) Qualified Plan Other Qualified Plan

Account number assets are coming from: _____

Amount to Send: Full Liquidation Partial Amount \$ _____

Timeframe: Immediately At Maturity – Maturity Date: _____

Participant Authorization

I authorize this direct rollover of retirement plan assets and certify all information provided by me is correct and can be relied upon by the receiving and sending Custodian/Trustee. I understand it is my responsibility to determine that I am eligible to rollover these assets within the tax law limits, regulations, and plan agreements. I understand there may be penalties or tax consequences that apply to this rollover of assets. I agree to hold GenFi Ministries, the Plan Administrator and Trustee, harmless for any action or omitted action based on directions or information I provide them.

Participant Signature _____ Date _____

Submitting Your Form

To submit your completed form, send a scanned PDF (or similar format) to retirement@genfi.com or mail the document(s) to the address below.

Receiving Custodian Acceptance

GenFi Ministries agrees to accept the rollover of assets as directed above. The receiving Plan is a 403(b) retirement account. This direct rollover is to be executed as a trustee-to-trustee rollover and will not place the participant in actual receipt of any of the plan assets. (Acceptance Letter attached.)

Authorized Signature _____ Date _____