



## 457(b) Non-Governmental Transfer Form

Reference the instructions below while completing the form. For additional assistance, please contact Fidelity Investments at 800-343-0860 or, for the hearing impaired, (TTY) 800-259-9743, Monday through Friday, 8 a.m. to midnight Eastern time (except for New York Stock Exchange holidays).

### 1. YOUR INFORMATION

Please provide your information in this section.

### 2. INVESTMENT PROVIDER YOU ARE MOVING MONEY FROM

Please review your most recent statement for this name and address, and include a copy of the statement with this form. **Please contact your previous investment provider to see if additional paperwork is required.**

### 3. ACCOUNT(S) OR CONTRACT(S) TO MOVE

**Account or Contract Number:** This number is available on your Previous Investment Provider account statement. If you are unable to locate this number on your statement, please contact the Investment Provider. If you do not provide an account or contract number, we will use your Social Security number or U.S. Tax Identification number to request the assets be moved.

**Liquidation Amount:** Full liquidation/100% of your full balance will be requested. 457(b) non-governmental assets must be moved into a 457(b) non-governmental plan.

### 4. YOUR FIDELITY ACCOUNT INFORMATION

**If you do not have a 457(b) non-governmental account with Fidelity for the employer listed here, you must complete the enrollment process. For help with enrollment, please contact Fidelity at 800-343-0860.**

**Employer sponsoring your Fidelity account:** The employer name appears on your Fidelity account statement or in your enrollment paperwork.

**Plan Number:** Please provide the Plan Number. Please contact Fidelity at 800-343-0860 to obtain the Plan Number, if needed.

### 5. INVESTMENT INSTRUCTIONS

**Would you like the assets invested in your current investment selection?** If "Yes" is selected, your assets will be allocated to your current investment selection on file with Fidelity. If you do not select "Yes," please list the fund names, fund codes (if known), and percentages. **Please ensure the percentages equal 100%.** Please list additional funds on a separate page and attach it to this form.

**Fund Name:** List the Fund Name(s) you want your assets credited to.

**Fund Code:** Provide the four-digit Fund Code(s) (if known).

**Percentage:** Please ensure the percentages listed equal 100%.

**Note:** If the funds selected are unclear, unavailable, or less than 100%, the percentages allocated to those funds and/or any unallocated percentage will be defaulted to the investment option specified in the agreement currently in place with Fidelity for the Plan. If the percentages listed exceed 100%, the entire amount will be defaulted, as described above.

### 6. EMPLOYER PLAN ACCEPTANCE

**Employer Authorized Signature:** An authorized signature from the employer that sponsors your Fidelity 457(b) non-governmental account is required.



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## 7. YOUR SIGNATURE

**Your Signature:** Please read the legal information provided in this section and then sign the form. We are unable to process your request without your signature.

### ***457(b) Non-Governmental Transfer Form Checklist:***

Here is a checklist to ensure that your request is in good order.

Please remember to:

- Include your most recent account statement from the Previous Investment Provider
- Obtain the Employer Authorized Signature in Section 6
- Sign Section 7 of the form
- Return this form in the enclosed postage-paid envelope **OR**

Return to:

**Fidelity Investments**  
P.O. Box 770002  
Cincinnati, OH 45277-0090

If you are sending this using an overnight delivery service, please send to this address:

**Fidelity Investments**  
100 Crosby Parkway, Mailzone KC1E  
Covington, KY 41015

Please contact your previous investment provider to see if additional paperwork is required.



## 457(b) Non-Governmental Transfer Form

**Instructions:** Use this form to move assets to your Fidelity employer-sponsored 457(b) non-governmental account from a previous investment provider. **If you do not have a 457(b) non-governmental account with Fidelity, you must also complete an Account Application/Enrollment Form or, when available, enroll online at [www.netbenefits.com/atwork](http://www.netbenefits.com/atwork).** If your current employer does not offer a 457(b) non-governmental plan recordkept by Fidelity, your employer needs to establish a plan prior to your transfer. An incomplete form may delay the processing of your request. Use a separate form for each investment provider.

Unless otherwise instructed by your employer, please return this transfer form in the postage-paid envelope provided **OR**

Return to:  
Fidelity Investments  
P.O. Box 770002  
Cincinnati, OH 45277-0090

If you are sending this using an overnight delivery service, please send to this address:  
Fidelity Investments  
100 Crosby Parkway, Mailzone KC1E  
Covington, KY 41015

**Questions?** Call Fidelity Investments at 800-343-0860 or for the hearing impaired (TTY) 800-259-9743, Monday through Friday, 8 a.m. to midnight Eastern time (except for New York Stock Exchange holidays), for assistance with completing this form.

### 1. YOUR INFORMATION

Please use a **black** pen and print clearly in **CAPITAL LETTERS**.

Social Security #: -- Date of Birth: --

U.S. Tax ID #: -

First Name:

Last Name:

Mailing Address:

City:  State:

Zip:

Daytime Phone: -- Evening Phone: --

E-mail:



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## 2. INVESTMENT PROVIDER YOU ARE MOVING MONEY FROM

Name of investment provider you are moving money from

(e.g., VALIC, TIAA-CREF, Vanguard, ING, Lincoln)

Please include a copy of your most recent account statement from your investment provider.

Provider Street Address:

City:

Zip:

Provider Phone:

Ext:

Please contact your previous investment provider to see if additional paperwork is required. Use a separate form for each investment provider.

## 3. ACCOUNT(S) OR CONTRACT(S) TO MOVE

Please provide information about the account(s)/contract(s) you wish to move to Fidelity. If no account or contract number is provided, we will use your Social Security or U.S. Tax Identification number to request the assets be moved. Please make additional copies of this page and the next page if you have more than one account/contract to move.

Account/Contract #:

Previous Employer Name:

## 4. YOUR FIDELITY ACCOUNT INFORMATION

If you do not have a 457(b) non-governmental account through Fidelity for the employer listed below, or you do not know the plan number or type, please contact Fidelity at 800-343-0860.

Employer sponsoring your Fidelity 457(b) non-governmental account:  
(This name appears on your Fidelity statement, or in your enrollment paperwork.)

City & State of Employer:

Fidelity Account Information.

Plan Number (if known):

## 5. INVESTMENT INSTRUCTIONS

Would you like the assets invested in your current investment selection?

Yes

If no, specify below:

Fund Name(s):

Fund Code:

Percentage:

OR

OR

OR

OR

%

%

%

%

Total = 100%

If no investment options are selected, if your investment instructions are incomplete, or if the percentages listed exceed 100%, your entire contribution will be defaulted to the investment option specified in the agreement currently in place with Fidelity for the Plan. If you select an invalid fund, the investment percentage for that fund will be defaulted, as described above.

## 6. EMPLOYER PLAN ACCEPTANCE

An authorized signature from the employer that sponsors your Fidelity 457(b) non-governmental account is required.

The undersigned employer directs Fidelity Investments to credit this transferred contribution into the employee's current 457(b) non-governmental account unless directed otherwise below.

Employer Authorized Signature:

Date:

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Employer Authorized Printed Name:

Special Account Transfer Instructions:

## 7. YOUR SIGNATURE

By signing this form:

- I hereby direct the investment provider identified on this form in Section 2 to liquidate the designated amount of the account(s) listed on this form, and to release the proceeds to my account under my employer's plan, except to the extent my current employer or any of my former employers prohibit such release. In the event of such prohibition, I hereby direct said investment provider to retain the portion of my account(s) that cannot be released in a separate account or contract, and to release the remainder.
- I hereby agree to the terms and conditions stated in this Form—including the instructions—and certify that I am requesting a 457(b) non-governmental plan transfer of my assets in accordance with applicable IRS and plan rules.
- I certify under the penalties of perjury that my Social Security or U.S. Tax Identification number on this form is correct.
- I certify that the information provided on this form is true, accurate, and complete to the best of my knowledge.
- I acknowledge that I have read the prospectus(es) for any mutual fund in which I invest and agree to the terms.

Your Signature:

Date:

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