



# Mercy Health MyRetirement Program

## Steps to request a rollover

As part of the transition to Mercy Health, you have an opportunity to rollover your balance in the SoutheastHEALTH 403(b) and 401(a) Retirement Plans to the Mercy MyRetirement Program.

Please take action between March 1, 2024, and April 15, 2024, at 4 p.m. CT.

To learn more, we encourage you to attend a live session or schedule a [1:1 consultation](#).

### Step 1: Request a rollover distribution from OneAmerica

- Complete the *Distribution Request for Terminating Plans Form* to initiate distributions from your SoutheastHEALTH Retirement Plan(s).
- If you have a 403(b) and 401(a) Plan balance, one form can be used for both elections.
- If you would like to make separate elections, please complete one form per Plan.
- Return the form to a Fidelity Representative or to SoutheastHEALTH Human Resources.

### Step 2: Transfer assets to your Mercy MyRetirement Program Account with Fidelity

- Complete the *Fidelity Transfer/Rollover/Exchange form*.
- OneAmerica will transfer your account balance directly to your Mercy MyRetirement Program account.
- Return the form to a Fidelity Representative or mail your rollover form to:

#### Regular Mail

Fidelity Investments  
PO Box 770002  
Cincinnati, OH 45277-0090

#### Overnight Delivery

Fidelity Investments  
100 Crosby Parkway, Mail zone KC1E  
Covington, KY 41015

### If you do not take action:

- If your Plan balance in either Plan<sup>1</sup> [403(b) or 401(a)] does not exceed \$1,000, the balance from that Plan will be paid to you in one lump sum cash payment.
- If your balance in either Plan<sup>1</sup> exceeds \$1,000 but does not exceed \$5,000, your balance in that Plan will be converted to an Individual Retirement Account (IRA) with American United Life Insurance Company.
- If your balance in either plan<sup>1</sup> exceeds \$5,000:
  - Your balance in the 403(b) Plan will be converted to an Individual Retirement Account (IRA) with American United Life Insurance Company.
  - Your balance in the 401(a) Plan will be used to purchase an immediate monthly annuity.

1. Plan balance includes the individual Plan, not a combined total.

**Be sure to consider all your available options and the applicable fees and features of each before moving your retirement assets.**

Fidelity Brokerage Services LLC, Member NYSE, SIPC, 900 Salem Street, Smithfield, RI 02917  
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# Transfer/Rollover/Exchange Form Instructions

Reference the instructions below while completing the form. For additional assistance, please contact Fidelity Investments at 1-800-343-0860 or, for the hearing impaired, dial 711, Monday through Friday, 8 a.m. to midnight Eastern time (excluding New York Stock Exchange holidays, except Good Friday).

## 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 to be moved.

**Type of Account or Contract:** If you are unsure of the type of account or contract, please contact the Previous Investment Provider or refer to your statement. Select at least one.

**The Account or Contract Number is from:** Please see the descriptions below that relate to each of the four transactions. If you choose "A Previous Employer," provide the name of that employer.

**The Same Employer as My Employer Plan with Fidelity.** Movement of assets from 403(b) to 403(b) will be requested as a vendor or contract exchange. Movement of money between the same plan types, excluding 403(b) plans [401(a) to 401(a), 401(k) to 401(k), 457(b) to 457(b)], will be requested as an in-plan transfer. Movement of money between different plan types will be requested as a rollover.

**A Previous Employer.** For 403(b) and 401(a)/(k) plans, this is a rollover transaction. For governmental 457(b) plans, this is a rollover unless Fidelity receives direction to process as a transfer.

**A Rollover IRA.** This is a rollover transaction. After-tax value may not be rolled from an IRA.

**A Traditional IRA or SEP IRA.** This is a rollover transaction. Roth IRAs and Coverdell IRAs cannot be accepted.

**Liquidation Amount:** Specify the amount of money you want moved to your Fidelity account. If you choose "Full Liquidation/100%," Fidelity will request your full balance. If you choose "Partial Liquidation," Fidelity will request the dollar amount or percentage you specify. **If you do not specify an amount, Fidelity will move/liquidate 100%.** If you are moving 457(b) assets, please be aware that governmental 457(b) assets must be moved into a governmental 457(b) plan, and nongovernmental 457(b) assets must be moved into a nongovernmental 457(b) plan. Transfers from nongovernmental 457(b) plans are not provided for on this form. Talk with your plan sponsor or call Fidelity to discuss transfers from nongovernmental 457(b) plans. Rollovers from 403(b) plans, 401(a)/401(k) plans, and IRAs to governmental 457(b) plans must be recordkept in separate rollover sources to limit the distributions that may be subject to a 10% early distribution penalty.

## 4. YOUR FIDELITY ACCOUNT INFORMATION

**If you do not have a retirement account with Fidelity for the employer listed here, you must complete the enrollment process. For help with enrollment, please contact Fidelity at 1-800-343-0860 or for the hearing impaired dial 711.**

**Employer Sponsoring Your Fidelity Retirement Account:** The employer name appears on your Fidelity account statement or in your enrollment paperwork.

**Plan Type with this employer:** This information is required to ensure that Fidelity credits your assets to the proper account. Please contact Fidelity at 1-800-343-0860 or for the hearing impaired dial 711 if you do not know your plan type.

**Plan Number:** Please provide the plan number if you have multiple retirement plan accounts with Fidelity. Please contact Fidelity at 1-800-343-0860 or for the hearing impaired dial 711 to obtain the plan number.

## 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 that the percentages equal 100%.** Please list any 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 that the percentages listed equal 100%.

**Note:** If no investment options are selected, your investment instructions are incomplete or invalid, or the percentages listed are less than or exceed 100%, your entire contribution will be defaulted to the investment elections on file with Fidelity. If you have no investment elections on file, your entire contribution will be defaulted to the investment option specified in the agreement currently in place with Fidelity for the Plan.

## 6. EMPLOYER PLAN ACCEPTANCE

**Employer Authorized Signature:** An authorized signature from the employer that sponsors your Fidelity retirement account **may be required.** To verify if this section needs to be signed, contact your Human Resources office or Fidelity at 1-800-343-0860 or for the hearing impaired dial 711.

## 7. SIGNATURE AND DATE

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

### **Transfer/Rollover/Exchange Form Checklist:**

Use this checklist to ensure your request is complete:

Remember to return all pages of this form.

- Include your most recent account statement from your previous investment provider.
- Indicate the amount or percentage of money you are moving to Fidelity.
- Sign and date Section 7 of this form.
- Please contact your previous provider to see if additional paperwork is required.
- Return completed form in a legible condition.

Ways to Return This Form to Fidelity:

**Digitally using the  
NetBenefits® Mobile App**

Download the NetBenefits® app  
through the App Store® or Google Play™ store.

**Tap: Actions > Send a Document**

**Regular Mail**

Fidelity Investments  
PO Box 770002  
Cincinnati, OH 45277-0090

**Overnight Mail**

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

**Questions?**

Call **800-343-0860** or for the hearing impaired dial 711, business days (except NYSE holidays) from 8:00AM – Midnight ET  
or go to **[www.Netbenefits.com/atwork](http://www.Netbenefits.com/atwork)**.



# Transfer/Rollover/Exchange Form

**Instructions:** Use this form to move assets to your Fidelity employer-sponsored retirement account from a previous investment provider. You may also use this form to consolidate multiple employer-sponsored retirement accounts currently at Fidelity. **If you do not have a retirement account with Fidelity, you must also complete an Account Application/Enrollment Form or, when available, enroll online at netbenefits.com/atwork. If your current employer does not offer a retirement plan record kept by Fidelity, your employer needs to establish a retirement plan prior to your vendor or contract exchange, or rollover to a Fidelity account. 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 completed form, along with a copy of a recent statement:

Digitally with:

Or use one of these alternate methods:

**NetBenefits® Mobile App**

Download the NetBenefits® app through the App Store® or Google Play™ store.

**Tap: Actions > Send a Document**

**Regular Mail**

Fidelity Investments  
PO Box 770002  
Cincinnati, OH 45277-0090

**Overnight Mail**

Fidelity Investments  
100 Crosby Parkway, KC1E  
Covington, KY 41015

**Questions?** Call Fidelity Investments at 1-800-343-0860 or for the hearing impaired dial 711, Monday through Friday, 8 a.m. to midnight Eastern time (excluding New York Stock Exchange holidays, except Good Friday), for assistance with completing this form.

## 1. YOUR INFORMATION

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

Social Security # or Tax ID #:  Date of Birth:

First Name:  Middle Initial:

Last Name:

Mailing Address:

City:  State:

ZIP Code:

Daytime Phone:  Evening Phone:

Email:

## 2. INVESTMENT PROVIDER YOU ARE MOVING MONEY FROM

Name of investment provider you are moving money from:   
(e.g., AIG Retirement, TIAA-CREF, Vanguard, Voya, Lincoln):

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

Provider Street Address:

City:  State:

ZIP Code:

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 numbers are provided, we will use your Social Security number or U.S. Tax ID number to request the assets to be moved. Please make additional copies of this page and the next page if you have more than two accounts/contracts to move.

#### 3A. FIRST ACCOUNT/CONTRACT (if more than one account/contract, please complete section 3B in addition to section 3A)

1. Account/Contract #:

Type:  403(b)  Include Roth 403(b) balance  401(a)/(k)  Include Roth 401(k) balance  
(select at least one)  457(b) governmental  Include Roth 457(b) governmental balance  IRA

2. Please check the box that most accurately reflects the transaction that you are requesting. Note that your selection will dictate how we process this transaction. Please read Section 3 of the instructions for more details.

The Same Employer as My Employer Plan with Fidelity

A Previous Employer

Previous Employer Name:

A Rollover IRA

A Traditional IRA or SEP IRA

3. Liquidation Amount  Full Liquidation/100%  Partial Liquidation  % OR \$   
(select one)

Unless otherwise specified, I request the previous investment provider to liquidate 100% of my account.

#### 3B. SECOND ACCOUNT/CONTRACT (if applicable)

1. Account/Contract #:

Type:  403(b)  Include Roth 403(b) balance  401(a)/(k)  Include Roth 401(k) balance  
(select at least one)  457(b) governmental  Include Roth 457(b) governmental balance  IRA

2. Please check the box that most accurately reflects the transaction that you are requesting. Note that your selection will dictate how we process this transaction. Please read Section 3 of the instructions for more details.

The Same Employer as My Employer Plan with Fidelity

A Previous Employer

Previous Employer Name:

A Rollover IRA

A Traditional IRA or SEP IRA

3. Liquidation Amount  Full Liquidation/100%  Partial Liquidation  % OR \$   
(select one)

Unless otherwise specified, I request the previous investment provider to liquidate 100% of my account.

## 4. YOUR FIDELITY ACCOUNT INFORMATION



If you do not have a retirement account with Fidelity for the employer listed below, or you do not know the plan number or type, please contact Fidelity at 1-800-343-0860 or for the hearing impaired dial 711.

**Employer Sponsoring Your Fidelity Retirement Account:**

(This name appears on your Fidelity statement, or in your enrollment paperwork.)

City & State of Employer:

Are you still employed with this Employer?  Yes  No

### 4A. Fidelity Account Information for 3A

Plan Type:  403(b)  401(a)/(k)  457(b) governmental

Plan Number (if known):

### 4B. Fidelity Account Information for 3B

Plan Type:  403(b)  401(a)/(k)  457(b) governmental

Plan Number (if known):

If there is a discrepancy between plan type and plan number, the plan type selected will be used.

## 5. INVESTMENT INSTRUCTIONS

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

 Yes No

(specify below)

Fund Name(s):

  
  
  

Fund Code:

  
  
  

Percentage:

 %  
 %  
 %  
 %

OR

OR

OR

OR

**Total = 100%**

If no investment options are selected, your investment instructions are incomplete or invalid, or the percentages listed are less than or exceed 100%, your entire contribution will be defaulted to the investment elections on file with Fidelity. If you have no investment elections on file, your entire contribution will be defaulted to the investment option specified in the agreement currently in place with Fidelity for the Plan.

## 6. EMPLOYER PLAN ACCEPTANCE

An authorized signature from the employer that sponsors your Fidelity retirement account **may be required**. To verify if this section needs to be signed, contact your Human Resources office or Fidelity at 1-800-343-0860 or for the hearing impaired dial 711.

Employer Authorized Signature:

Date:

Employer Authorized Printed Name:



## 7. SIGNATURE AND DATE

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 vendor or contract exchange, in-plan transfer, or rollover, of my retirement plan assets in accordance with applicable IRS and plan rules.
- I certify under the penalties of perjury that my Social Security number 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.
- I hereby agree that if my assets will be sent to Fidelity in installments, the first installment may be invested according to my instructions on this form. All subsequent installment payments as well as any residual balances not received within 30 days will be invested according to the investment elections currently in place with Fidelity for the Plan at the time my assets are received by Fidelity.

### For 403(b)-to-403(b) vendor or contract exchanges:

- I understand that any balances I am exchanging from a 403(b)(1) annuity into a 403(b)(7) custodial account may be subject to more restrictive withdrawal provisions.
- I understand that if I exchange a contribution source that is not allowed by the Plan, the value associated with the unacceptable source will be returned to the investment provider named in Section 2.
- I direct Fidelity to treat all monies as pretax contributions made subsequent to 12/31/88 unless my prior investment provider provides Fidelity with account balances as of 12/31/88 and post-1988 salary reduction contributions.
- I direct Fidelity to treat the entire balances as subject to minimum distribution requirements unless my prior investment provider provides Fidelity with account balances as of 12/31/86.
- I direct Fidelity to allocate the entire balance to the most restrictive source in the current employer's plan unless my prior investment provider provides Fidelity with the sources of the exchanged amount under the previous plan.

Your Signature:

Date:

*The trademarks and service marks appearing herein are the property of their respective owners.*



1701 Lacey Street  
Cape Girardeau, MO 63701  
573.334.4822  
800.800.5123  
SEhealth.org

## NOTICE OF PLAN TERMINATION

February 28, 2024

Re: SoutheastHEALTH Retirement Plan and SoutheastHEALTH 401(a) Plan

Dear Plan Participant:

This notice is to inform you that the SoutheastHEALTH Retirement Plan and SoutheastHEALTH 401(a) Plan (the Plans) have been terminated and we are in the process of winding them up.

We have determined that you have an interest in at least one of the Plans, either as a plan participant or beneficiary. **You can determine the amount of your balance in the Plans by logging in to the Plans' website at OneAmerica.com or by contacting the OneAmerica Participant Service Center at 800-249-6269.** The Plans are identified at OneAmerica as plan number G62256. We will be distributing this money as permitted under the terms of each Plan and federal regulations. The actual amount of your distribution may be more or less than the amount that you view online, depending on investment gains or losses and the administrative cost of terminating the Plans and distributing your benefits.

A Distribution Request form is included with this mailing. Please review the form and included notices carefully. **Distribution Request forms will start to be processed March 1, 2024. Forms need to be returned for processing by April 15, 2024.** Please see below for information about distribution options available in each plan.

### **SoutheastHEALTH Retirement Plan (403(b) Plan)**

Your 403(b) Plan benefit will be paid to you in the form of a single lump sum payment. You will need to choose a distribution option for your lump sum payment. Options include:

- direct rollover to the Mercy Health MyRetirement 401(k) Plan<sup>1</sup>;
- direct rollover to an individual retirement account (IRA)<sup>2</sup> or another employer's qualified plan;
- partial direct rollover to an IRA or another employer's qualified plan, with the balance (less applicable income tax withholding) payable directly to you; or
- payment paid directly to you (less applicable income tax withholding).

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<sup>1</sup> In addition to the OneAmerica Distribution Request Form, you will need to complete an incoming rollover form and send it to Fidelity. Information needed to complete a rollover to the Mercy MyRetirement 401(k) Plan can be found at MyRetirementProgram.com or in the Mercy Retirement Hub on Baggot Street.

<sup>2</sup> For help with a rollover to an IRA with OneAmerica, contact 800-348-6229.



## NOTICE OF PLAN TERMINATION

If you do not make a distribution election and your 403(b) Plan account balance does not exceed \$1,000, a cash payment will be paid directly to you. If your 403(b) Plan account balance exceeds \$1,000, your account balance will be transferred directly to an IRA (or inherited IRA in the case of a non-spouse beneficiary). The name of the provider for the IRA is American United Life Insurance Company. Pursuant to federal law, your money in the IRA would then be invested in an investment product designed to preserve principal and provide a reasonable rate of return and liquidity. Should your money be transferred into an IRA, OneAmerica charges an annual fee of \$50 and a \$40 distribution fee.

### **SoutheastHEALTH 401(a) Plan (401(a) Plan)**

Your 401(a) Plan benefit will be paid to you in the form of a monthly qualified joint and survivor annuity (QJSA) if you are married. The QJSA option provides a monthly benefit for your lifetime and 50% of that benefit payable to your spouse, if any, after your death for your spouse's lifetime. If you are not married, your benefit will be paid in the form of a single life annuity with monthly payments for your lifetime only. Other distribution options are available, but, if you are married, you will need to obtain spousal consent to receive any form other than the QJSA. Spousal consent is not needed in the 403(b) Plan. Other 401(a) Plan distribution options include:

- lump sum cash payment with the following payment options:
  - direct rollover to the Mercy Health MyRetirement 401(k) Plan<sup>3</sup>;
  - direct rollover to an IRA<sup>4</sup> or another employer's qualified plan;
  - partial direct rollover to an IRA or another employer's qualified plan, with the balance (less applicable income tax withholding) payable directly to you; or
  - payment paid directly to you (less applicable income tax withholding);
- monthly joint and 75% survivor annuity (75% payment to your beneficiary upon your death); or
- monthly single life annuity (payments for your lifetime only).

You may have an after-tax account in the 401(a) Plan. The after-tax account cannot be rolled into the Mercy Health MyRetirement 401(k) Plan but may be eligible for rollover into certain IRAs.

If you do not make an election and your 401(a) Plan account balance:

- does not exceed \$1,000: payment will be made to you directly as a lump sum cash payment;
- exceeds \$1,000 but does not exceed \$5,000: your account balance will be transferred directly to an IRA (or inherited IRA in the case of a non-spouse beneficiary). The name of the provider for the IRA is American United Life Insurance Company. Pursuant to federal law, your money in the

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<sup>3</sup> In addition to the OneAmerica Distribution Request Form, you will need to complete an incoming rollover form and send it to Fidelity. Information needed to complete a rollover to the Mercy MyRetirement 401(k) Plan can be found at MyRetirementProgram.com or in the Mercy Retirement Hub on Baggot Street.

<sup>4</sup> For help with a rollover to an IRA with OneAmerica, contact 800-348-6229.



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573.334.4822  
800.800.5123  
SEhealth.org

### NOTICE OF PLAN TERMINATION

IRA would then be invested in an investment product designed to preserve principal and provide a reasonable rate of return and liquidity. Should your money be transferred into an IRA, OneAmerica charges an annual fee of \$50 and a \$40 distribution fee.

- exceeds \$5,000: an annuity will be purchased for you in the form of a QJSA (if married) or a single life annuity (if not married).

Annuity benefits will be purchased through American United Life Insurance Company. The Distribution Request form included with this letter can only be used for optional lump sum payment. If you are interested in an annuity option, please contact the OneAmerica Participant Service Center at 800-249-6269 to obtain information about payment amounts. Annuity payments would start upon completion of the annuity set up process.

It is very important that you select a form of distribution for each plan and inform us of the election(s) using the attached distribution request form. If you choose to receive the same lump sum payment option for both plans, you only need to fill out one distribution request form (remember to fill out the spousal consent section if you are requesting a lump cash sum payment from your 401(a) Plan account). When complete, **please return the form(s) to the Mercy Southeast Human Resource Department by mail at 1708 Lacey Street, 2<sup>nd</sup> Floor, Cape Girardeau, MO 63701 or by email at Alicia.Webb@Mercy.net or Kim.Maynard@Mercy.net.** Once received, your distribution request will be reviewed and processed. If the request is error free, your distribution should reach you or your rollover provider in approximately 14-21 business days.

For more information about the Plans' termination, your account balance(s), or distribution options, please contact OneAmerica Participant Service Center at 800-249-6269 or the Mercy Southeast Human Resource Department at 573-331-6638.

Sincerely,

Plan Administrator

Information was provided by SoutheastHEALTH. Fidelity Investments is not responsible for its content.