CHURCH BENEFITS BOARD
A MINISTRY OF THE COOPERATIVE BAPTIST FELLOWSHIP
Your benefits are our ministry.

APPLICATION FOR ROLLOVER FORM

Cooperative Baptist Fellowship 403(b) Plan
#806561

PARTICIPANT INFORMATION

Title	Last Name	First Name	Middle Initial

Email /phone#	Social Security #	Date of Birth

ROLLOVER CONTRIBUTION INFORMATION

See your Summary Plan Description or Plan Administrator for your plan's rollover provisions. I request the Plan Administrator to accept my rollover, based on the following information. The Plan Administrator reserves the right to require additional evidence that my distribution is from a qualified retirement plan, a tax sheltered annuity, a governmental 457 plan, or an IRA, as allowed by the Plan.

Name of distributing plan or IRA custodian: _____

Amount $ _____ ☐ All Eligible Accounts or ☐ All Total Balance

The requested rollover represents:

a. An eligible rollover distribution from: ☐ a qualified retirement plan ☐ a tax-sheltered annuity ☐ a governmental 457 plan

b. ☐ a distribution from a traditional IRA that would otherwise be includable in my gross income.

a. ☐ a distribution from a Conduit IRA which consisted solely of an eligible rollover distribution from a qualified plan and any associated earnings, for which I wish to preserve capital gains and averaging treatment.

The distribution:

☐ Will be paid directly from the distributing plan to The Standard on behalf of this Plan.

☐ Is from another qualified plan; it includes after-tax contributions of $_____,which must be accounted for separately.

☐ Was paid to me on_____. (The Standard must receive distribution within 60days.)

PARTICIPANT SIGNATURE

I verify that the information provided above is true and complete. I understand that the Plan Administrator may choose not to accept this rollover if it would jeopardize the Plan's tax status. I also understand that if this rollover is accepted, it will be directed to investments based on my contribution directives in place at the time the rollover is received by The Standard. If I do not have directives in place, the rollover will be deposited into the Plan's Default Fund.

Signature of Applicant	**Date**

PAYEE AND MAILING INSTRUCTIONS

The distribution check should be
payable Church Benefits Board FBO: (Participant's Name)
and mailed to: **Church Benefits Board**
2930 Flowers Road, Suite 133A
Atlanta, GA 30341
Attention: Plan No.:806561
Plan Name: Cooperative Baptist Fellowship 403(b) Plan

PLAN ADMINISTRATOR ACCEPTANCE

As an authorized representative of the Cooperative Baptist Fellowship 403(b) Plan, I certify the Plan Administrator has investigated the rollover requested above and is satisfied that it will not jeopardize this Plan's qualified status under the Internal Revenue Code. Therefore, the rollover is accepted, and The Standard is authorized to invest these funds as directed and to establish the appropriate additional accounts for the participant.

Name and Title (please print)	
Signature	**Date**

Please keep a copy of this form for your records and return the original to:

Church Benefits Board
2930 Flowers Road, Suite 133A
Atlanta, GA 30341

Phone: (800) 352-8741
Fax: (770) 220-1661
Web: www.churchbenefits.org