

Section A: Participant Information:

Participant Name _____ Employer: City of Costa Mesa, CA

Social Security Number _____ Date of Birth _____ Daytime Phone Number (____) _____ - _____

Participant's Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Section B: Rollover/Transfer Funds From:

Please indicate the type of account from which you are transferring your assets. (Check only one box below.)

Governmental 457 Traditional IRA 401(k) Plan 403(b) Plan 401(a) Plan

Name of Carrier/Custodian of Plan or IRA: _____

Address of Trustee/Custodian: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Account Number: _____

Approximate Account Balance: \$ _____

Section C: 457 to 457 Incoming Assets

Some 457(b) Plan documents allow participants who leave one employer and accept a position with a new employer, the option to TRANSFER or ROLLOVER the assets from the first employer. The choice of transfer or rollover will determine when the assets are available for distribution from your CA 457 Benefits account.

I have severed from employment from my previous employer on _____ (date).

The difference between a transfer and rollover:

- Following a Transfer, withdrawal of assets is permitted only when the account holder experiences a distributable event. (e.g. Severance of employment or age 70 ½.)
- Following a Rollover, withdrawal of assets is permitted at any time pursuant to the account holder's request.

Please make your selection: TRANSFER ROLLOVER

Section D: Rollover/Transfer Funds to the City of Costa Mesa Governmental 457 Plan

Mail Check Payable to: Charles Schwab Bank
Ref: City of Costa Mesa 457 Plan A/C 206657
FBO (Participant Name, SSN#)
P.O. Box 202770
Austin, TX 78720-2770

Amount to Rollover/Transfer:
 Total Account Balance
 Partial Dollar Amount \$ _____

Section E: Authorization

Participant acknowledges that the direct rollover/transfer will become subject to terms and condition of the plan and certifies that the requirements for rollover/transfer have been satisfied. Participant expressly assumes responsibility for tax consequences relating to this rollover/transfer, and participant agrees that CA 457 Benefits shall not be responsible for those tax consequences. CA 457 Benefits hereby agrees to accept the direct transfer described herein and upon receipt will deposit the proceeds within 5 business days in the account established on behalf of the individual in the City of Costa Mesa's Governmental 457 Plan.

Participant Signature _____ Date _____ Retirement Specialist Name (Print) _____ Date _____