



# EXCHANGE, TRANSFER, OR ROLLOVER REQUEST

# RETIREMENT ACCOUNT EXCHANGE | TRANSFER | ROLLOVER CHECKLIST

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**Please note before you complete this form:** If you do not currently hold a Franklin Templeton account with Aspire Financial Services, LLC (Aspire), you must complete a retirement account application prior to requesting an Exchange | Transfer | Rollover. For rollovers from 401(k) plans, you must initiate the transaction directly with the sending institution. Then you must provide Aspire with a copy of all necessary documentation.

**For Aspire to process an Exchange | Transfer | Rollover Request, it is important that you adhere to the procedures and provide the documentation listed below:**

**Employer and/or Third Party Administrator's Authorization Form**

Please check with your Employer and/or Third Party Administrator for additional procedures and documentation for the approval of Exchange | Transfer | Rollover request. This authorization form must be signed prior to submittal of Exchange | Transfer | Rollover paperwork.

**Aspire's Exchange | Transfer | Rollover Request Form**

**STEP 1** **Account Holder information:** ALL information is required.

**STEP 2** **Destination Account:** Indicate what type of account should receive the assets.

**STEP 3** **Current Account Information:** ALL information is required. Required Documents include:

- Account Statement:** Please provide a copy of your current account statement
- Surrendering Vendor Form (if applicable):** Please verify the Exchange | Transfer | Rollover policy with the sending institution and obtain any necessary distribution forms. Generally, you must call the surrendering vendor to obtain the proper information and/or forms.

**STEP 4** **Exchange | Transfer | Rollover Instructions.** Please indicate the method of Exchange | Transfer | Rollover -- select **only** one method.

**STEP 5** **Signature and Acceptance:** Signatures **REQUIRED** for the following:

- Account Holder
- Employer/Plan Administrator

A Signature Guarantee is **mandatory** for the Account Holder's Signature. The Signature Guarantee requirement on Employer/Plan Administrator signature is dependent on the surrendering vendor's policy. Please verify requirements with surrendering vendor.

**Financial Advisors: Please route forms through your home office for Signature Guarantees.**

**Account Holders not using Financial Advisor services may obtain a Signature Guarantee from a local bank.**

Please review the above before you submit your request. **Incomplete forms will not be processed and will be returned to you and/or your Financial Advisor.**

**Important Note to Financial Advisors:**  
Please fill out the **Broker/Dealer contact information completely.**

This form and all required supporting documents can be mailed to 3000 Chestnut Street, Unit 7528, Philadelphia, PA 19101. If you don't know your account number or plan ID, please call Client Services at 877.219.1229.

# EXCHANGE | TRANSFER | ROLLOVER REQUEST

Account Number

Complete this form to move funds into a retirement account. Please note that money received as an Exchange | Transfer | Rollover will be invested in accordance with the Account Holder's investment instructions in effect at that time. The completed form, including the Employer/ Administrator signature if applicable, should be mailed to the address on the bottom of this form for processing. Please attach a copy of a recent account statement. Please contact the Employer or the resigning Insurance Company/Custodian for additional forms or requirements prior to submitting this form. **NOTE: For rollovers from 401(k) plans, the Account Holder must initiate the transaction directly with the sending institution.**

- Contract Exchange:** exchange assets into your account from an account you have with another vendor under your current employer's plan.
- Plan-to-Plan Transfer:** move assets from an account with the prior employer to the new account with the current employer.
- Direct Rollover:** transfer of assets from one plan type to another (i.e., 401(k) to 403(b), etc.).
- Other:** \_\_\_\_\_

## STEP 1 ACCOUNT HOLDER INFORMATION

First Name _____		M.I. _____	Last Name _____	
Home/Legal Street Address (P.O. Boxes <b>not</b> accepted) _____			Apartment/Suite _____	
City _____		State _____	Zip _____	
Home Telephone Number _____	Email Address _____		Social Security Number [ ][ ][ ]-[ ][ ][ ]-[ ][ ][ ][ ][ ]	
Current Employer Name _____	Current Employer Phone Number _____		Plan ID # _____	

## STEP 2 DESTINATION ACCOUNT

Account Holder requests the assets be exchanged | transferred | rolled over into Account Holder's account indicated below (check only 1 box):

- |                                      |                 |
|--------------------------------------|-----------------|
| <b>403(b)</b>                        | <b>457 Plan</b> |
| <input type="checkbox"/> Pre-Tax     |                 |
| <input type="checkbox"/> ORP         |                 |
| <input type="checkbox"/> Other _____ |                 |

## STEP 3 SENDING ACCOUNT INFORMATION

Please verify the Exchange | Transfer | Rollover policy of the sending institution. If necessary, obtain the sending institution's Exchange | Transfer | Rollover paperwork. Please attach a copy of a recent account statement. The assets exchanged | transferred | rolled over into this plan result from an exchange | transfer | rollover from this type of account (check only 1 box):

- |                                      |                                      |                                    |   |
|--------------------------------------|--------------------------------------|------------------------------------|---|
| <b>403(b)</b>                        | <b>401(k)</b>                        | <b>IRA</b>                         | <input type="checkbox"/> <b>SIMPLE IRA</b>        |
| <input type="checkbox"/> Pre-Tax     | <input type="checkbox"/> Pre-Tax     | <input type="checkbox"/> Pre-Tax   | <input type="checkbox"/> <b>SEP or SAR-SEP</b>    |
| <input type="checkbox"/> ORP         | <input type="checkbox"/> Roth        | <input type="checkbox"/> Roth      | <input type="checkbox"/> <b>457 Plan</b>          |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> After Tax | <input type="checkbox"/> <b>Other Acct.</b> _____ |

Name of Insurance Company or Current Custodian (where funds are currently held) _____			Contract/Account Number _____	
Mailing Address _____			Dept _____	
City _____	State _____	Zip _____	Telephone Number _____	

If requesting a Plan-to-Plan transfer, please provide the following information:

Former Employer Name _____	Former Plan ID # _____	Former Employer Telephone Number _____
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By this Agreement, Account Holder directs the Insurance Company/Custodian to transfer the cash surrender value/asset value of his/her tax-sheltered annuity contract/retirement custodial account as indicated below.

Please initial to acknowledge the following statements:

\_\_\_\_\_ Account Holder acknowledges that transfer assets are subject to any and all account fees.

**STEP 4 EXCHANGE/TRANSFER/ROLLOVER INSTRUCTIONS (INSTRUCTIONS TO THE CURRENT INSURANCE COMPANY OR CUSTODIAN)**

May not be applicable for rollovers coming from 401(k) plans. These transactions must be initiated by the Account Holder, directly from the sending institution.

- Transfer \_\_\_\_\_% of the cash surrender value/asset value of the eligible retirement account.\*
- Transfer \$\_\_\_\_\_ of the cash surrender value/asset value of the eligible retirement account.\*
- Penalty Free Amount: Liquidate and transfer the value of the eligible retirement account which is not subject to surrender or CDSC charges.\*  
Transfer all of the assets in-kind into the existing retirement custodial account (transfer in kind may be subject to fund availability and account/plan provisions).

**Note: The transfer in-kind option is only available for 403(b) to 403(b) and 457 to 457 transfers. Please contact Aspire and/or your plan's sponsor before selecting this option.**

**Note: In-kind transfers will only be accepted for shares of Franklin Templeton funds that are available investment options in the account. All other investments must be liquidated before the transfer.**

\*Liquidated/Cash transfers will be invested as per my current investment elections.

**STEP 5 SIGNATURE & ACCEPTANCE**

**ACCOUNT HOLDER SECTION**

Transfer the above mentioned account/contract to a retirement account offered by Franklin Templeton through Aspire Financial Services, LLC ("Aspire") with a designated custodian. Account Holder understands that he/she may deposit only retirement funds that are allowed under his/her current Employer's Plan. Account Holder has verified with his/her current Employer that these funds can be deposited according to the Plan Provisions. **By signing below Account Holder declares this information is correct.**

	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Date (month   day   year)
▶ Account Holder Signature	

**Signature Guarantee:** The existing retirement account provider may require a signature guarantee of the Account Holder. To obtain a signature guarantee, the Account Holder must sign this form and have it medallion signature guaranteed. A notarization from a notary public does not meet signature guarantee requirements.

	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Date (month   day   year)
▶ Authorized Signature (Stamp and Title)	

**SPONSOR SECTION**

**Based on the information above, this exchange | transfer | rollover contribution is acceptable according to the plan provisions. The Custodian named below is hereby directed to accept this rollover contribution.**

	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Date (month   day   year)
▶ Employer/Plan Administrator Signature	

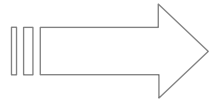
**FINANCIAL PROFESSIONAL SECTION (if applicable)**

Financial Professional Name	Telephone Number	Email
Broker Dealer Firm	FA Number	Branch Number
Branch Address	Suite/Bldg.	
City	State	Zip

**LETTER OF ACCEPTANCE**

Please see letter of acceptance provided with this form.

**Surrendering firm mailing instructions:**



Make Checks Payable to: <b>Matrix Trust Company</b> FBO: (Participant Name) Aspire Acct. # _____ Plan Acct. # _____	Mail checks to: Franklin Templeton c/o Aspire Financial Services, LLC 3000 Chestnut St, Unit 7528 Philadelphia, PA 19101
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