403(b) Direct Rollover Request

You must be eligible to receive a distribution from the distributing plan and be an eligible participant in CEP's 403(b) Plan before you can request a direct rollover. Some companies may require you to complete their forms. Contact the sending custodian for additional requirements.

Full Name			Date of Birth	Account Numb	er	
Daytime Phone			Social Security N			
Mailing Address			City	St	ate	ZIP
Email						
SENDING CUSTOD	IAN INFORM	IATION				
Sending Custodian Nam	ne			Pr	none	
Sending Custodian Address			City	St	ate	ZIP
SENDING ACCOUN	NT TYPE* AN	D AMOUNT	(Attach your most recent stateme	ent for the account you are moving.	*Designated Roth	contributions not accepted.)
☐ Traditional IRA	☐ SEP IRA	□ 401(k)	☐ Another 403(b) Plan	☐ Governmental 457(b) Qu	ualified Plan	☐ Other Qualified Pla
Account number asse	ets are coming from	ı:				
Amount to Send:	☐ Full Liquida	tion 🗆 Pa	rtial Amount \$			
Timeframe:	☐ Immediatel	y □ At	Maturity – Maturity Date:			
PARTICIPANT AU1	THORIZATION	N				
Custodian/Trustee. I unders	understand it is my tand there may be	responsibility to penalties or tax	determine that I am eligible to consequences that apply to this	ded by me is correct and can be rollover these assets within the rollover of assets. I agree to ho as or information I provide them	tax law limits, ı ld Church Exter	regulations, and plan
Participant Signature					Date	
SUBMITTING YOU	R FORM					
To submit your comp	leted form, send a s	canned PDF (or s	imilar format) to investment@	cepnet.com or mail/fax the docu	ıment(s) to the	address/fax number belo
RECEIVING CUST	DDIAN ACCE	PTANCE				
				eiving Plan is a 403(b) retireme lipt of any of the plan assets. (A		
executed as a trustee						

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