

## 403(b) Incoming Contract Exchange/Direct Rollover

### Osseo Area Schools 403(b) Retirement Savings Plan

1009632-01

#### Participant Information

Last Name			First Name			MI			Social Security Number									
<i>(The name provided MUST match the name on file with Service Provider.)</i>																		
Address - Number & Street																		
City				State				Zip Code				E-Mail Address						
( )			( )			Mo			Day			Year			<input type="checkbox"/> Female		<input type="checkbox"/> Male	
Home Phone						Work Phone						Date of Birth			<input type="checkbox"/> Married		<input type="checkbox"/> Unmarried	

#### Payroll Information

To be completed by Representative: \_\_\_\_\_

Division Name						Division Number					
---------------	--	--	--	--	--	-----------------	--	--	--	--	--

#### Contract Exchange/Direct Rollover Information

Previous Plan Administrator must sign this form if Designated Roth Account is being directly rolled over.

I am choosing a:

- Direct Rollover from a previous employer's:
  - Qualified 401(a) Plan
  - Qualified 401(k) Plan
  - 403(b) Plan
    - Non-Roth: \$\_\_\_\_\_ (all contributions and earnings, excluding Roth contributions and earnings)
    - Roth: \$\_\_\_\_\_ (employee contributions and earnings)
  - Governmental 457(b) Plan
- Direct Rollover from a Traditional IRA Plan (Non-deductible contributions/basis may not be rolled over.)
- Contract Exchange from another investment provider under the Plan

#### Previous Provider Information:

Company Name						Account Number					
Mailing Address											
City/State/Zip Code						( )					
						Phone Number					

\_\_\_\_\_  
Last Name First Name M.I. Social Security Number

**Previous Provider must complete:**

12/31/86 values: \$ \_\_\_\_\_ For 403(b)(1) Plans only, 12/31/88 values: \$ \_\_\_\_\_

If no historical account value information is provided within 60 days of Service Provider's receipt of the funds, I understand that Service Provider will treat the entire exchanged amount as attributable to post-December 31, 1988 values.

Employer contributions: \$ \_\_\_\_\_ Employer earnings: \$ \_\_\_\_\_

Before-tax employee contributions: \$ \_\_\_\_\_ Before-tax employee earnings: \$ \_\_\_\_\_

After-tax contributions, if any: \$ \_\_\_\_\_ After-tax earnings: \$ \_\_\_\_\_

Note: If the above information is not provided, all amounts received will be considered employee before-tax contributions and earnings.

Previous Plan Administrator must provide the following information for Designated Roth Account Rollovers:

Roth first contribution date: \_\_\_\_\_

Roth contributions (no earnings): \$ \_\_\_\_\_ Roth earnings: \$ \_\_\_\_\_

\_\_\_\_\_  
Previous Plan Authorized Plan Administrator/Trustee Signature Date

*A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.*

**Amount of Contract Exchange/Direct Rollover:** \$ \_\_\_\_\_ (Enter approximate amount if exact amount is not known.)

**Investment Option Information (applies to only this request)**

I understand that funds may impose redemption fees on certain transfers, redemptions or exchanges if assets are held less than the period stated in the fund's prospectus or other disclosure documents. I acknowledge that the fee imposed by the fund company will be deducted from my account. I will refer to the fund's prospectus and/or disclosure documents for more information.

Select either an Asset Allocation Model (A) or select your own investment options (B).

**(A) Asset Allocation Model Selection** - only one model can be selected (see Asset Allocation Models in Participant Acknowledgements)

<u>ASSET ALLOCATION MODEL NAME</u>	<u>MODEL SELECTION</u>	<u>ASSET ALLOCATION MODEL NAME</u>	<u>MODEL SELECTION</u>
AGGRESSIVE	<input type="checkbox"/>	CONSERVATIVE	<input type="checkbox"/>
GROWTH	<input type="checkbox"/>	INCOME	<input type="checkbox"/>
MODERATE	<input type="checkbox"/>		

**(B) Select Your Own Investment Options**

<u>INVESTMENT OPTION NAME</u>	<u>INVESTMENT OPTION CODE</u>	<u>INVESTMENT OPTION NAME</u>	<u>INVESTMENT OPTION CODE</u>
Artisan International Inv.....	ARTIX _____%	Vanguard Selected Value Inv.....	VASVX _____%
DFA International Small Cap Value I.....	DISVX _____%	American Funds AMCAP R4.....	RAFEX _____%
Dodge & Cox International Stock.....	DODFX _____%	American Funds Washington Mutual R3.....	RWMCX _____%
Nationwide International Index A.....	GIAX _____%	Calvert Equity A.....	CSIEX _____%
Invesco Real Estate A.....	IARAX _____%	Nationwide S&P 500 Index A.....	GRMAX _____%
Baron Small Cap Retail.....	BSCFX _____%	Permanent Portfolio.....	PRPFX _____%
Eaton Vance Atlanta Capital SMID-Cap A.....	EAASX _____%	Calvert Bond A.....	CSIBX _____%
Nationwide Small Cap Index A.....	GMRAX _____%	PIMCO High Yield A.....	PHDAX _____%
Northern Small Cap Value.....	NOSGX _____%	TCW Total Return Bond N.....	TGMNX _____%
Nationwide Mid Cap Market Index A.....	GMXAX _____%	MetLife Guaranteed Asset Account.....	G63201 _____%
<b>MUST INDICATE WHOLE PERCENTAGES</b>			<b>= 100%</b>

**See following page(s) for Required Signatures**

**Additional Feature - This option is not available if you selected Asset Allocation.**

- Rebalancing Program:** Allows you to design a portfolio with a certain percentage in each fund and will rebalance to make sure the portfolio maintains the same asset allocation. If you have a balance in an investment option, the balance will be transferred out of that option when the rebalancing transfer is initiated. You choose how frequently your portfolio is rebalanced (select one):
  - Quarterly
  - Semi-Annually
  - Annually

**Participant Acknowledgements**

**General information** - I understand that only certain types of distributions are eligible for contract exchange/rollover treatment and that it is solely my responsibility to ensure such eligibility. By signing below, I affirm that the funds I am exchanging/rolling over are in fact eligible for such treatment.

If the investment option information is missing or incomplete, I authorize Service Provider to allocate the contract exchange/direct rollover assets ("assets") the same as my ongoing contributions (if I have an account established) or to the default investment option selected by my Plan (if I do not have an account established). If no default investment option is selected the funds will be returned to the payor as required by law. If my assets are received more than 180 calendar days after Service Provider receives this Incoming Contract Exchange/Direct Rollover form (this "form"), I authorize Service Provider to allocate all monies received the same as my ongoing allocation election on file with Service Provider. I understand I must call the Voice Response System or access the Web site in order to make changes or transfer monies from the default investment option. The assets will be processed on the day this form is received. I understand that this completed form must be received by Service Provider at the address below.

Last Name

First Name

M.I.

Social Security Number

I understand that the current Custodian/Provider may require that I furnish additional information before processing the transaction requested on this form, and Service Provider is not responsible for determining the status of any transaction that I have requested. It is entirely my responsibility to provide the current Custodian/Provider with any information that they may require, and/or to notify Service Provider of any information that the current Custodian/Provider may wish to obtain in order to effect the transaction.

**Withdrawal restrictions** - I understand that the Internal Revenue Code and/or my employer's Plan Document may impose restrictions on the availability of certain monies (amounts contributed and accruing after December 31, 1988) under 403(b) tax sheltered annuities. The restricted monies cannot be distributed to participants before the occurrence of one of the following: attainment of age 59 1/2; severance of employment with the employer (due to total disability, retirement, termination or otherwise); financial hardship as defined under present or future IRS regulations (in which case only elective deferrals may be withdrawn); or death of participant.

**Investment options** - I understand that by signing and submitting this form for processing, I am requesting to have investment options established under the Plan as specified in the Investment Option Information section. I understand and agree that this account is subject to the terms of the Plan Document. I understand and acknowledge that all payments and account values, when based on the experience of the investment options, may not be guaranteed and may fluctuate, and, upon redemption, shares may be worth more or less than their original cost. I acknowledge that I have received current prospectuses for the investment options available to me. Refer to the Web site below for prospectuses online.

**Asset allocation models** - If you select an Asset Allocation Model, your funds will be invested among the investment options as indicated below. In applying models to your particular situation, you should consider all of your assets and all of your spouse's assets, including IRAs, mutual funds and other qualified plans. I understand that the Asset Allocation Models listed below are subject to change, and that my contributions will be invested upon receipt into the most current model that the Plan offers. If an Asset Allocation Model is selected and I have also designated my own investment options, the Asset Allocation Model will supersede my own investment options.

**AGGRESSIVE** - EAASX 10% PRPFX 5% ARTIX 10% BSCFX 10% NOSGX 5% RAFEX 15% DISVX 5% IARAX 5% TGMNX 5% VASVX 10% RWMCX 15% DODFX 5%

**GROWTH** - IARAX 5% VASVX 10% G63201 5% BSCFX 10% ARTIX 5% DISVX 5% TGMNX 5% PRPFX 5% DODFX 5% RAFEX 15% EAASX 5% RWMCX 15% PHDAX 5% NOSGX 5%

**MODERATE** - IARAX 5% BSCFX 5% G63201 10% NOSGX 5% PRPFX 10% PHDAX 5% RWMCX 15% VASVX 5% TGMNX 10% RAFEX 15% DODFX 5% ARTIX 5% EAASX 5%

**CONSERVATIVE** - IARAX 10% G63201 15% TGMNX 15% VASVX 5% BSCFX 5% RWMCX 10% NOSGX 5% RAFEX 10% PHDAX 10% DODFX 5% PRPFX 10%

**INCOME** - G63201 25% IARAX 10% RAFEX 5% RWMCX 10% TGMNX 20% VASVX 5% PRPFX 10% NOSGX 5% PHDAX 10%

**Account corrections** - I understand that it is my obligation to review all confirmations and quarterly statements for discrepancies or errors. Corrections will be made only for errors which I communicate within 90 calendar days of the last calendar quarter. After this 90 days, account information shall be deemed accurate and acceptable to me. If I notify Service Provider of an error after this 90 days the correction will only be processed from the date of notification forward and not on a retroactive basis.

**Contract Exchange/direct rollover information** - I understand that Contract Exchanges are exchanges of §403(b) funds between authorized §403(b) investment providers under this Plan. Contract Exchanges are not considered to be "distributions" from the Plan. I affirm that the funds I elect to exchange to this 403(b) provider under this Plan or directly roll over to the Plan are eligible to be exchanged or rolled over.

## Payment Instructions

### Make check payable to:

METLIFE C/O FASCORE, LLC

### Include the following information on the check:

Participant Name, Social Security Number, Plan Number, Plan Name

### Wire instructions:

**Account of:** METLIFE

**Bank:** PNC BANK

**Account no:** 1028907135

**Routing transit no:** 043000096

**Reference:** Participant Name, Social Security Number, Plan Number, Plan Name

### Regular mail address for the check and form (if mailed together):

METLIFE C/O FASCORE, LLC

P. O. Box 824417

Philadelphia, PA 19182-4417

### Overnight mail address for the check and form (if mailed together):

PNC BANK

312 W Route # 38 & East Gate Drive

Lockbox # 824417

Moorestown, NJ 08057

Contact:

MetLife c/o FASCORE, LLC

Phone #: 1-800-543-2520

**If sending the "form" only**, please fax to 1-866-745-5766, upload electronically to [mlr.metlife.com](http://mlr.metlife.com) (Click to Upload Documents to submit) or follow mailing instructions above. To expedite receipt of funds, wire monies as indicated above. Please remember that this form needs to arrive prior to or at the same time the funds arrive to invest according to the allocations on this form. We will not accept hand delivered forms at Express Mail addresses.

**Required Signature(s)** - My signature affirms that I have read, understand the effect of my election and agree to all pages of this Incoming Contract Exchange/Direct Rollover form and that all information provided is true and correct. I understand that Service Provider is required to comply with the regulations and requirements of the Office of Foreign Assets Control, Department of the Treasury ("OFAC"). As a result, Service Provider cannot conduct business with persons in a blocked country or any person designated by OFAC as a specially designated national or blocked person. For more information, please access the OFAC Web site at: <http://www.treasury.gov/about/organizational-structure/offices/Pages/Office-of-Foreign-Assets-Control.aspx>.

**Participant** forward, fax or upload as shown above in the Payment Instructions section.

Participant Signature

Date

*A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.*

\_\_\_\_\_  
Last Name                      First Name                      M.I.                      Social Security Number                      1009632-01  
Number

\_\_\_\_\_  
**Registered Representative Signature                      Date                      Registered Representative ID                      Print Full Name**

*A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.*