

TRUST-TO-TRUST IN-PLAN TRANSFER



Name:	Social Security Number:
Address:	Daytime Phone:
	Evening Phone:
City, State, Zip:	Email:

Please check one box below:

- Transfer my OSGP 457 funds from my former employer to my OSGP 457 account with my new employer
- Leave my OSGP account with my former employer and establish a new OSGP account with my new employer. (Account with former employer will have a 999 as first 3 digits of SSN.)

Former Employer:
New Employer:

Contribution Election - Please check one box below:

- Continue my current contribution with my new employer
\$_____ pre tax and/or \$_____ Roth
- Change my payroll contribution with my new employer
\$_____ pre tax and/or \$_____ Roth

I understand that if I choose to transfer my OSGP 457 funds from a former employer to a new employer, I will not have access to those funds until termination of employment with the new employer.

I understand that if I choose to leave my OSGP 457 funds with a former employer, I will have access to those funds without tax penalty.

I understand that I may be required to enroll in my new employer's 457 Plan in order to process the trust-to-trust transfer even if I choose not to make monthly contributions. If I am not required to enroll in my new employer's plan, my beneficiary and investment elections will be the same as with my former employer's 457 Plan.

X _____
Participant's Signature (Do not print) Date