



**Fiduciary Trust International of the South (FTIOS)
403(b) Request to Transfer Former Employer 403(b) Plan Assets
to Current Employer 403(b) Plan**

Participant Name: _____

Date of Birth: _____ SSN/ TIN: _____

Address: _____

Daytime Phone: (____) _____ Evening Phone: (____) _____

Please process a plan transfer of all of my assets under the 403(b) plan of

Former Employer Name: _____

To be completed by the authorized party for the employer in which assets are transferred from.

I authorize the requested plan transfer of 403(b) assets to another plan.

X _____ Date: _____
Employer or Third Party Authorized Signature

Print Name of Signer: _____

Phone: (____) _____ Name of Employer: _____

These assets should be transferred to my 403(b) plan of

Current Employer Name: _____

To be completed by the authorized party for the employer receiving assets.

I authorize the requested plan transfer of 403(b) assets to into this plan.

X _____ Date: _____
Employer or Third Party Authorized Signature

Print Name of Signer: _____

Phone: (____) _____ Name of Employer: _____

I understand all shares will be transferred in kind unless otherwise specified.

Participant's Authorization

X _____ Date: _____

Upon completion, please send to:

Fiduciary Trust International of the South
c/o Retirement Services
(800) 527-2020

P.O. Box 997153
Sacramento, CA 95899-7153

or

P.O. Box 33033
St. Petersburg, FL 33733-8033