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| --- | --- | --- | --- | --- | --- | --- |
| **Transfer Request:** | | **Total/Partial Equity Transfer:** | | **If Partial Transfer, Please Indicate $ Amount OR # of Units** | | |
| **From:** | **To:** | **Transfer Total Equity** | **Transfer Partial Equity** | **$ Amount** | **OR** | **# of Units** |
|  |  |  |  |  |  |  |
| **Value** | **Income** |  |  | **$\_\_\_\_\_\_\_\_\_\_** | **OR** | **\_\_\_\_\_\_\_\_\_\_\_** |
|  |  |  |  |  |  |
| **Value** | **Aggressive** |  |  | **$\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_** |
|  |  |  |  |  |  |
| **Value** | **Index** |  |  | **$\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_** |
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| **Income** | **Value** |  |  | **$\_\_\_\_\_\_\_\_\_\_** | **OR** | **\_\_\_\_\_\_\_\_\_\_\_** |
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| **Income** | **Aggressive** |  |  | **$\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_** |
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| **Income** | **Index** |  |  | **$\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_** |
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| **Aggressive** | **Value** |  |  | **$\_\_\_\_\_\_\_\_\_\_** | **OR** | **\_\_\_\_\_\_\_\_\_\_\_** |
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| **Aggressive** | **Income** |  |  | **$\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_** |
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| **Aggressive** | **Index** |  |  | **$\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_** |
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| **Index** | **Value** |  |  | **$\_\_\_\_\_\_\_\_\_\_** | **OR** | **\_\_\_\_\_\_\_\_\_\_\_** |
|  |  |  |  |  |  |
| **Index** | **Income** |  |  | **$\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_** |
|  |  |  |  |  |  |
| **Index** | **Aggressive** |  |  | **$\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_** |
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| ***To protect fund performance and minimize fund costs, the Plan restricts equity transfers to one transfer per 90-day period. Form should be completed and submitted to the Plan office by Friday of a pay week. Transactions will be posted to your account the following pay week Friday.*** |

**Name (Please Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Daytime Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**