



**Incoming Contract Exchange/Direct Rollover
403(b) Plan**

The Christian and Missionary Alliance Retirement Plan

95803-01

Participant Information

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

Payroll Information

Payroll Center Name	Payroll Center Number
Division Name	Division Number

Contract Exchange/Direct Rollover Information

I am choosing a: (choose only one)

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

Previous Provider Information:

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

Last Name

First Name

M.I.

Social Security Number

Number

Required Documentation

If you are rolling over from an IRA, please provide a copy of the most recent account statement. If you are rolling over from an employer sponsored retirement plan, please provide a copy of the most recent account statement showing the Internal Revenue Code ("Code") plan type, plan name, and if applicable, Roth first contribution date and Roth contribution amounts.

If you do not have this information on the statement, please have your Previous Plan Administrator complete the applicable fields below. Also provide the signature of the previous employer as Plan Administrator.

The name of the distributing Plan is _____
(hereinafter referred to as the "Plan"). The Plan Administrator of the Plan certifies to the best of their knowledge that:

(1) The Plan is designed or intended to be tax qualified under the Code and meets the requirements of a

- Qualified 401(a) or 401(k) plan
- 403(b) Plan

(2) The amounts are eligible for rollover as described in Code section 402(c).

(3) Employer/employee before-tax contribution and earnings: \$ _____

(4) For Rollovers from designated Roth accounts:

Roth first contribution date: _____

Roth contributions (no earnings): _____

Roth earnings: _____

(5) For In-plan Roth Transfers/Rollovers:

Roth recapture amount: _____

Roth recapture date(s): _____

Roth contributions (no earnings): _____

Roth earnings: _____

(6) Signature of previous employer:

I am authorized to sign as Plan Administrator of the previous employer.

Signature of "Plan Administrator" _____

Printed Name of "Plan Administrator" _____

Title _____

Company Name _____ Date _____

Phone Number _____ Email Address _____

Last Name

First Name

M.I.

Social Security Number

Number

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

Investment Option Information - Please refer to your communication materials for investment option designations.

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 will refer to the fund's prospectus and/or disclosure documents for more information.

Select either existing ongoing allocations (A) or your own investment options (B).

(A) Existing Ongoing Allocations

I wish to allocate this exchange/rollover the same as my existing ongoing allocations.

(B) Select Your Own Investment Options

Please Note: For automatic dollar cost averaging call the Voice Response System or access our Web site.

INVESTMENT OPTION				INVESTMENT OPTION			
NAME	TICKER	CODE	%	NAME	TICKER	CODE	%
Orchard Alliance.....	N/A	CMAADF	_____	Nuveen Lifecycle Index 2015 R6.....	TLFIX	TLFIX	_____
PGIM High-Yield R6.....	PHYQX	PHYQX	_____	Nuveen Lifecycle Index 2020 R6.....	TLWIX	TLWIX	_____
PGIM Total Return Bond Z.....	PDBZX	PDBZX	_____	Nuveen Lifecycle Index 2025 R6.....	TLQIX	TLQIX	_____
American Century Growth R6.....	AGRDX	AGRDX	_____	Nuveen Lifecycle Index 2030 R6.....	TLHIX	TLHIX	_____
Columbia Dividend Income Adv.....	CVIRX	CVIRX	_____	Nuveen Lifecycle Index 2035 R6.....	TLYIX	TLYIX	_____
Vanguard Institutional Index I.....	VINIX	VINIX	_____	Nuveen Lifecycle Index 2040 R6.....	TLZIX	TLZIX	_____
Vanguard Mid Cap Index Ins.....	VMCIX	VMCIX	_____	Nuveen Lifecycle Index 2045 R6.....	TLXIX	TLXIX	_____
Vanguard Small Cap Index Adm.....	VSMAX	VSMAX	_____	Nuveen Lifecycle Index 2050 R6.....	TLLIX	TLLIX	_____
Principal SmallCap Growth I Instl.....	PGRTX	PGRTX	_____	Nuveen Lifecycle Index 2055 R6.....	TTHIX	TTHIX	_____
Cohen & Steers Instl Realty Shares.....	CSRIX	CSRIX	_____	Nuveen Lifecycle Index 2060 R6.....	TVIIX	TVIIX	_____
Vanguard Materials Index Adm.....	VMIAX	VMIAX	_____	American Funds New World R6.....	RNWXG	RNWXG	_____
Fidelity International Index.....	FSPSX	FSPSX	_____	Eventide Gilead I.....	ETILX	ETILX	_____
Nuveen Lifecycle Index Retirement Inc R6.....	TRILX	TRILX	_____	GuideStone Funds Equity Index Instl.....	GEQYX	GEQYX	_____
Nuveen Lifecycle Index 2010 R6.....	TLTIX	TLTIX	_____				
				MUST INDICATE WHOLE PERCENTAGES = 100%			

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 are in fact eligible for such treatment.

I authorize these funds to be transferred into my employer's Plan and to be invested according to the information specified in the Investment Option Information section.

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.

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 59½; severance of employment from 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 and/or variable annuity funding accounts established under the Plan as specified in the Investment Option Information section. I understand and agree that this account(s) is subject to the terms of the group annuity contract issued and/or 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.

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:

Empower Trust Company, LLC

Include the following information on the check:

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

Wire instructions:

Bank: US Bank

Account of: Empower Trust Company, LLC

Account no: 103655774323

Routing transit no: 102000021

Attention: Financial Control

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

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

Empower Trust Company, LLC
PO Box 560877
Denver, CO 80256-0877

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

US Bank
10035 East 40th Avenue Suite 100
Attn Lockbox # 560877 DN-CO-OCLB
Denver, CO 80238

Contact: Empower

Phone #: 1-866-467-7756

If sending the "form" only, please follow the mailing instructions 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) and Date

Participant Consent

My signature indicates that I have read, understand the effect of my election and agree to all pages of this Incoming Contract Exchange/Direct Rollover form. I affirm that all information provided is true and correct.

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.

Participant forward as shown above in the Payment Instructions section

Securities, when presented, are offered and/or distributed by Empower Financial Services, Inc., Member FINRA/SIPC. EFSI is an affiliate of Empower Retirement, LLC; Empower Funds, Inc.; and registered investment adviser Empower Advisory Group, LLC. This material is for informational purposes only and is not intended to provide investment, legal or tax recommendations or advice.