



## PLEASE NOTE THE FOLLOWING WHEN SUBMITTING PROGRAM FORMS

- Use **only one** of the following methods of delivery:

**By Mail:**

ABA Retirement Funds Program  
P.O. Box 5142  
Boston, MA 02206-5142

**By Overnight Delivery:**

ABA Retirement Funds Program  
30 Braintree Hill Office Park  
Braintree, MA 02184

**By Email:**      [ProgramForms@voyaplans.com](mailto:ProgramForms@voyaplans.com)

- If you are emailing a form, **DO NOT** mail the original, or the transaction will be processed twice.
- Email only **one** form at a time unless the forms are related and for the same participant, in the same plan.
- Forms received in good order via email **by 1 p.m. Eastern time** on a business day are considered to be received on that day. Forms received electronically after 1 p.m. Eastern time will be considered to be received on the next business day.
- Please do not "cc" any other email addresses when sending a form to the Program by email, as this causes the email to abort.
- The email should include a single document as an attachment, which does not require access to an external portal or link.
- There should be no instructions in the body of the email; the form should contain any additional instructions.

### FORMS THAT CANNOT BE ACCEPTED VIA EMAIL

- If the form is being submitted to claim the assets in a deceased participant's account, the form and a certified copy of the death certificate **must be mailed** or sent by overnight delivery.
- If spousal consent is required, and the witness is a notary, the form **must be mailed** or sent by overnight delivery so that the notary seal can be confirmed.

Forms submitted in any other manner will be considered to be received "not in good order," which may cause a delay in processing the item.

Thank you for your cooperation so that we can best service your plan.

*Note: after your email is received by the transaction processing group, you'll receive an auto reply with a "Task" confirmation number. If you do not receive an auto reply, please contact us. Plan Administrators should call 800.752.6313. Participants should call 800.348.2272.*

# INTER-PLAN TRANSFER FORM

## IN-KIND DIRECT ROLLOVER



ABA Retirement Funds Program ("the Program")  
P.O. Box 5142 • Boston, MA 02206-5142

Customer Contact Center: 800.348.2272  
Website: www.abaretirement.com

Complete this form to transfer your base plan account from your previous employer to your new employer's account. **This form must be accompanied by a completed Distribution Request Form.** The participant reads section 1, completes section 2, and signs section 5. The Authorized Plan Representative from your former employer and current employer both complete sections 3 and 4, respectively. Your current Authorized Plan Representative mails the original, signed form to the address shown above.

### 1. TRANSFERRING BETWEEN PLANS

If you have terminated employment with a firm participating in the ABA Retirement Funds Program and gain employment with another firm participating in the Program, you may roll over your prior base plan account to consolidate with your new firm's account.

**Follow these steps:** **1.** Complete the Distribution Request Form. **2.** Also complete this Inter-Plan Transfer Form, In-Kind Direct Rollover. If you maintain a Self-Directed Brokerage Account (SDBA), indicate your SDBA number in the space provided.

You will receive Form 1099-R in the following year with box 7 coded with a "G" to indicate that the distribution was rolled over to another qualified employer plan.

### 2. PARTICIPANT INFORMATION

Participant's Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_-\_\_\_\_-\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex:  M  F Marital Status:  Single  Married

Participant's Primary Residence: \_\_\_\_\_  
(MAXIMUM OF 30 CHARACTERS EACH LINE)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Phone Number: (\_\_\_\_)\_\_\_\_-\_\_\_\_ E-Mail Address: \_\_\_\_\_

### 3. FORMER EMPLOYER INFORMATION

Program Plan Number: \_\_\_\_\_ Employer Tax ID Number: \_\_\_\_\_-\_\_\_\_-\_\_\_\_ IRS Plan Number: \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Employer's Business Phone Number: (\_\_\_\_)\_\_\_\_-\_\_\_\_

SDBA Account Number: \_\_\_\_\_ (if applicable)

The participant referenced above has terminated employment with this firm and is \_\_\_\_\_% vested.

\_\_\_\_\_  
SIGNATURE OF AUTHORIZED PLAN REPRESENTATIVE ON BEHALF OF THE FORMER EMPLOYER

\_\_\_\_\_  
DATE

### 4. CURRENT EMPLOYER INFORMATION

Program Plan Number: \_\_\_\_\_ Employer Tax ID Number: \_\_\_\_\_-\_\_\_\_-\_\_\_\_ IRS Plan Number: \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Employer's Business Phone Number: (\_\_\_\_)\_\_\_\_-\_\_\_\_

SDBA Account Number: \_\_\_\_\_ (if applicable)

The participant referenced above has met the age and service eligibility requirements and has been enrolled in our plan.

\_\_\_\_\_  
SIGNATURE OF AUTHORIZED PLAN REPRESENTATIVE ON BEHALF OF THE CURRENT EMPLOYER

\_\_\_\_\_  
DATE

### 5. SIGNATURE

This form serves as instructions to transfer the assets of my current account "in-kind" as a direct rollover of the ABA Retirement Funds Program plan with my previous employer, as shown above, to my account with my current employer, as shown above, including any holdings I may be maintaining in a Self-Directed Brokerage Account. I understand that such assets transferred in-kind will be transferred to the same investments in the new plan and not be affected by the investment allocations I have chosen for future contributions to the new plan. I hereby release and agree to hold harmless the ABA Retirement Funds Program and Mercer Trust Company from any and all liability with respect to this in-kind transfer of assets as a direct rollover.

\_\_\_\_\_  
SIGNATURE OF PARTICIPANT

\_\_\_\_\_  
DATE (REQUIRED)