

## Qualified Plan Outsourced Intra-Plan Transfer Form

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\*PLEASE NOTE: THIS FORM IS USED ONLY FOR SENDING FUNDS FROM CAMAPLAN TO THE ORIGINATING PLAN\*

| 1. Participant Details               | Name of Sponsoring Employer:  |
|--------------------------------------|---|
| Participant Name                     |   |
|                                      | I Am a:   |
| Mailing Address                      | Participant   |
| Street                               | Trustee   |
| City                                 | Spouse Beneficiary  |
| State                                | Non-Spouse Beneficiary  |
| ZIP                                  | Ex-Spouse   |
| Last 4 Digits Soc. Sec. No.          | Funds are in:   |
| Cama Acct. No.                       | Outsourced 401K   |
|                                      |   |
| 2 T                                  | This is a: (choose one)   |
| 2. Transfer or Rollover Details      | A. Complete Transfer  |
| This is an:                          | Send \$   |
| Intra-Plan Transfer                  | in cash to Originating Plan   |
| Originating Plan Custodian           | l authorize CamaPlan to close my account                              |
|                                      | B. Partial Transfer   |
|                                      | Send \$   |
| Mailing Address                      | in cash to Originating Plan   |
| Street                               | How would you like your funds to be sent                              |
| City                                 | TO the originating plan? (choose one)                                 |
| State                                | Check Wire  |
| ZIP                                  | Overnight Courier* 2-Day Courier*                                     |
| Contact Name                         | *Additional shipping charges may apply                                |
| Phone                                | Transaction fees to be paid by:                                       |
| Funds are going to a:                | Your account  |
| Qualified Plan (401(k), 403(b), etc) | Check   |
|                                      | Credit card (Please call 866-559-4430 to provide credit card details) |
| Name of Plan                         | ,   |
| Account #                            |   |



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## 3. Signatures

I authorize this transfer to or from CamaPlan for alternative investment and recordkeeping purposes.

I understand that no contributions or distributions will take place out of this account without written documentation from the trustee and the Third Party Administrator(TPA). I understand vesting should be in the "Plan Name" FBO "plan participant name". I authorize CamaPlan to provide all record keeping information to the plan trustee and/or the (TPA). I understand that I, my trustee, and/or my TPA are responsible for all reporting to federal and state taxing authorities including, but not limited to, contributions, distributions, tax returns, fair market values(FMVs), etc. and CamaPlan is only providing record keeping services. I understand that CamaPlan has no fiduciary responsibility for any investment choices I make. I understand that CamaPlan does not render tax, legal, accounting, investment, or other professional advice. If tax, legal, accounting, investment, or other similar expert assistance is required, the services of a competent professional will be sought

For Outsourced Plans - I understand this is an Outsourced Plan that will allow intra-plan transfers to facilitate alternative investing options as well as traditional investments CamaPlan Account Holder's Signature Date

(Medallion Signature Guarantee Stamp) If required

## 4. Trustee and/or TPA Acceptance

I understand that this transfer has been initiated and that no contributions or distributions from this account will occur without my written knowledge and authorization.

| Trustee Signature                        |          |  |      |
|--|----------|--|------|
| Date Third Party Administrator Signature |          |  |      |
|  |          |  | Date |
| Mailing Instru                           | ıctions: |  |      |
| Make check payable to:                   |          |  |      |
|  |          |  |      |
| Mailing Addre                            | SS       |  |      |
| Street                                   |          |  |      |
| City                                     |          |  |      |
| State                                    |          |  |      |
| ZIP                                      |          |  |      |
| Wiring Instru                            | ctions:  |  |      |
| Wire to:                                 |          |  |      |
| Bank Address                             |          |  |      |
| City                                     |          |  |      |
| State , Zip                              |          |  |      |
| Benef. Name                              |          |  |      |
| Benef. Acct #                            |          |  |      |
| Bank ABA                                 |          |  |      |
| Memo                                     |          |  |      |