



Instructions

To request a transfer of your 457(b) governmental plan account to another 457(b) governmental plan, complete all applicable sections of this form and return it to Diversified at the above address. For transfers to multiple financial institutions, complete a separate form for each institution. This transfer is based on your severance of employment with the employer sponsoring this plan and you are currently employed with a governmental employer sponsoring an eligible 457(b) plan.

Section A. Employer Information

Company/ Employer Name []
Contract/Account No. [] Affiliate No. [] Division No. []

Section B. Participant Information

Last Name [] Date of Birth [] (mm/dd/yyyy)
First Name/MI [] Social Security No. []
Mailing Address []
City [] State []
Zip Code []
Phone No./Ext. []
E-mail Address []

Section C. Transfer Information

Note: Do not complete this Section C. if this transfer is for a Permissive Service Credit to a defined benefit governmental plan. Instead, you must complete Section D. below.

Transfer Options

- Full Transfer - Transfer my entire account.
- Partial Transfer
 \$ []
 the portion of my account not subject to a withdrawal charge

Note: Any remainder will be distributed to you. Please complete Distribution Request, Form No. 2733.

New Employer Name []
New Employer Address []
457(b) Plan Provider Name []
457(b) Plan Provider Address []
457(b) Plan Account No. []
457(b) Plan Provider Contact Name/Phone No. []

A letter of acceptance from the provider receiving this transfer must accompany this request, and must include: name and address of provider, confirmation that the receiving plan is a governmental 457(b) plan, and authorized signature of provider.

Payment Options

- Check or Wire transfer (Complete information below only if wire transfer option is selected. Option available only for lump sum or partial distribution of at least \$5,000. Any distribution less than \$5,000 will be processed in the form of a check.)

ABA No. []
Institution Name []
Institution Address []
Account Name []
Account No. []
"Further Credit To" Institution Name []
(For wire to credit union or overseas bank, call Diversified for additional information.)

Note: If one of the above payment options is not selected, this distribution will be processed in the form of a check.

Provider-to-Provider Account Transfer-Deferred Compensation



Overnight Mail Address:
Retirement Plan Service Center
Hartford Life Insurance Company
200 Hopmeadow Street, Simsbury, CT 06089

Mail Address:
Retirement Plan Service Center
Hartford Life Insurance Company
PO Box 1583, Hartford, CT 06144-1583

Hartford Group Number: 150163	Employer: Stanislaus County	Social Security Number:
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Participant Name: (Last, First, M.I.) _____

Mailing Address: _____

City:	State:	Zip:
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Home Phone:	Best time to call <input type="checkbox"/> AM <input type="checkbox"/> PM	Work Phone:	Best time to call <input type="checkbox"/> AM <input type="checkbox"/> PM	Ext:
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A. TRANSFER INFORMATION

I hereby request the transfer of all amounts **or** \$ _____ of my existing deferred compensation account value:

From :

Name of Current Provider: Diversified Investments Account Number: _____

Contact Person: Tanna Fuller Phone Number: 800-755-5803 ex 6403

To: My deferred compensation account with Hartford Life.

B. PAYMENT INFORMATION

For payments made by check, make check payable to:

Hartford Life Insurance Company for the benefit of _____

Mail check and this form to: _____ Employee Name Social Security Number

Hartford Life, Retirement Plans Service Center
P. O. Box 1583, Hartford, CT 06144-1583

For payments made by ACH or Wire, forward to:

Mellon Bank
Three Mellon Bank Center
Pittsburgh, PA 15259-0001
Money Transfer Department
ABA-043000261
Account Number 1957963

Include the following information:

Credit Hartford Life – RPSC

For the benefit of: _____
Your Name

Re: Stanislaus County
Employer Name

_____ Hartford Life Group # Your Social Security #

C. PARTICIPANT AUTHORIZATION

I understand that if I am currently enrolled in the Plan, my transfer will be allocated among the investment options based upon my current investment elections unless Special Instructions are provided below. I understand that I may change my current or future allocation instructions at any time under the Plan's procedures.

Special Instructions: _____

Participant Signature: _____ Date: _____

D. EMPLOYER AUTHORIZATION

I authorize this transfer request to the participant's eligible deferred compensation plan with Hartford Life.

Authorized Plan Sponsor Signature: _____ Date: _____