

Provider-to-Provider Account Transfer-457(b) & 401 Retirement Plans

(Please index to GPROCESS/ GROLOVERIN)

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



Group Number: 150163 Representative's Name: _____ Employer: Stanislaus County

Participant Name: *(Last, First, M.I.)* _____ Social Security Number: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Best time to call AM PM Work Phone: _____ Best time to call AM PM Ext: _____

A. TRANSFER INFORMATION

I hereby request the transfer of all amounts **or** \$ _____ of my existing deferred compensation or 401 retirement account value:

From :

Name of Current Provider: _____ Account Number: _____

Address: 4333 Edgewood Rd NE, Cedar Rapids, IA 52499

Contact Person: Joe Overmann Phone Number: 800-755-5803 ext:6410

To: My deferred compensation or 401 retirement 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 Plan 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: _____

Re: Stanislaus County Your Name

150163 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 or 401 retirement plan with Hartford Life.

Authorized Plan Sponsor Signature: _____ Date: _____

E. LETTER OF ACCEPTANCE (FOR HARTFORD USE ONLY)

Hartford Life has established an annuity for this account owner and accepts the liquidation and transfer of the assets and will apply it to a new Hartford Life account.

Authorized Signature from Hartford: _____ Title: Vice President and Director Date: _____





Instructions

To request a direct rollover to an IRA or an eligible retirement plan, complete all applicable sections of this form, obtain any required signatures and return the form to Diversified at the above address. For rollovers to multiple financial institutions, complete a separate form for each institution. For further information, please refer to the Special Tax Notice Regarding Plan Payments or contact your employer.

Section A. Employer Information

Company/ Employer Name: STANISLAUS COUNTY
Contract/Account No.: PE61408
Affiliate No.: 00001
Division No.:

Section B. Participant Information

Last Name, Date of Birth, First Name/MI, Social Security No., Mailing Address, City, State, Zip Code, Phone No./Ext., E-mail Address

Section C. Rollover Information

Rollover Options

Reason for rollover: Termination of employment, Retirement
Full Rollover - Roll over my entire account.
Partial/Combination Rollover
Pre-tax Contributions: 100% or \$
Rollover Contributions: 100% or \$
For any remainder: Distribute to me, Leave funds on deposit (if plan allows)

Type of Rollover

Roll over to a Diversified IRA (proceed to Section D., also complete Traditional IRA Enrollment Application and Adoption Agreement, Form No. 3025-TN)
Roll over to a traditional IRA with another financial institution
Roll over to an eligible retirement plan (e.g., qualified plan, 403(b) program or governmental 457(b) plan)

IRA/Plan Provider Name
IRA/Plan Provider Address
IRA/Plan Account No.
IRA/Plan Provider Contact Name/Phone No.

Payment Options

Check or Wire transfer (Minimum amount \$5,000. Complete information below only if wire transfer option is selected.)

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 rollover distribution will be processed in the form of a check.

Section D. Outstanding Loan Options (if applicable)

For any outstanding loan(s) at the time of my termination of employment/retirement, I elect to:

Pay off the loan(s). (Call Diversified to verify loan payoff amount and procedure prior to submitting this form.)

Roll over loan balance to new plan provider, if allowed by both the current and new plan.

Default the loan(s). I understand that a taxable distribution will be reported to the IRS as indicated in the Special Tax Notice Regarding Plan Payments.

Note: If one of the above options is not selected, or if a loan rollover is not allowed, any outstanding loan(s) will be automatically defaulted in accordance with federal regulations and plan rules.

Section E. Tax Withholding Election

The direct rollover of your entire account balance is not subject to federal or state tax withholding. In the event that a portion of your account is distributed in a single sum and has not previously been taxed, or if you default on your outstanding loan, the following tax withholding applies:

A direct rollover of your 457(b) account to another type of eligible employer plan or to a traditional IRA will be subject to the additional 10% early withdrawal tax if it is distributed to you before you reach age 59 1/2, unless an exception applies. Please consult your tax advisor prior to taking any action regarding this rollover.

Federal Income Tax Withholding - 20% mandatory tax withholding applies.

State Income Tax Withholding - Withholding is mandatory in some states. Other states allow an independent election and in these states, state tax will be withheld unless you elect otherwise.

Do not withhold state income tax (if independent election is permitted)

Section F. Participant Signature

Please note: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim from a group annuity contract issued in New York, containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation. States other than New York also have insurance fraud statutes, which impose penalties for any violation thereof.

I have received and read the Special Tax Notice Regarding Plan Payments applicable to 457(b) governmental plans. I represent that the receiving plan will accept this direct rollover on my behalf and is an eligible retirement plan permitted by law to receive eligible rollover distributions. I certify that the information provided on this form is correct.

X _____
Participant Signature Date Print Name and Social Security Number

Section G. Employer Information and Signature

Employment status: Active Terminated _____ Retired _____
Termination Date Retirement Date

If terminated or retired, have all contributions been remitted? Yes No

Period end date of final contribution _____ (If a full rollover has been requested, processing will be delayed until the final contribution is received.)

Note: This direct rollover request cannot be processed unless all applicable sections of this form have been completed.

I certify that the distributing plan meets any applicable regulatory requirements, that this rollover distribution constitutes an eligible rollover distribution, that this transaction is permissible under the provisions of the plan, and that the information provided on this form is correct and complete.

X _____
Employer Signature Date