

Request to Transfer or Exchange Your 403(b)



Complete this form to transfer or exchange 403(b) assets from your current provider to American Century Investments®.

Before completing this form please note the following:

- Check with your employer to determine if American Century Investments is an approved provider for your 403(b) plan.
- If you do not have a current 403(b) account with us, you also must submit a completed 403(b) application.
 - To complete an application online, go to [americancentury.com/enroll](https://www.americancentury.com/enroll).
 - To download an application, visit us at [americancentury.com](https://www.americancentury.com) and search key word: **Forms**
 - Or, call us to receive an application by mail.
- We will provide your completed form to your current provider.
- Check with your current provider to determine if employer approval is required in step 7.
- Exchanges and transfers usually take four to six weeks to complete.

Please print clearly in CAPITAL letters using black ink and sign in step 5.

If you have questions, please call us at 1-800-345-3533.

1 Provide Information About Yourself

Mr. / Mrs. / Ms. First name Middle initial Last name

U.S. Social Security number Date of birth (month-day-year)

Mailing address Apartment/Unit

City State ZIP

Telephone number (daytime) Telephone number (evening)

Email address

2 Provide Transaction Information

Choose Contract Exchange or Plan to Plan Transfer, then indicate the amount to transfer. Make checks payable to American Century Investments.

Plan ID/Plan Name at American Century Investments

A: Choose the Type of Transaction

- Contract Exchange** — Exchange 403(b) assets from my current provider to American Century Investments, keeping the assets in the same employer's 403(b) plan.
- Plan to Plan Transfer** — Transfer 403(b) assets from one employer's 403(b) plan at my current provider to another employer's 403(b) plan at American Century Investments. (Check with the employer that sponsors each plan to determine if the provision is available. If both plans do not permit Plan to Plan Transfers, the transfer cannot be initiated.)

B: Indicate Transfer Amount

- Liquidate and transfer all of the assets \$ _____
Approximate amount
- Liquidate and transfer part of the assets \$ _____ **OR** _____ **OR** _____ %
Dollars Shares Percentage

Account Number(s)

Account Number(s)

3 Provide Information About Your Current Provider

Check with your provider for any special instructions or requirements for this transaction and confirm you have their correct mailing address and telephone number.

Name of Plan at your current provider

Provider

Address

City

State

ZIP

Telephone number

4 Select Your Investments

Make your fund selections for your 403(b) investments and indicate the percentage you want allocated to each fund.

- I direct American Century Investments to open my account in the fund(s) indicated. However, if I do not specify a fund, I request a fund that is not available for this account, or my allocations do not total 100%, by submitting this form, I direct that portion of my account to be opened in a target-date fund based on my birth date and an assumed retirement age of 65, OR in the default fund chosen by my employer for my retirement plan, if applicable.
- I understand that by investing in a target-date fund, as described in this section, American Century Investments is not advising or recommending that fund or any particular investment strategy. Also, American Century Investments is not making any suitability determination based on my individual situation and is not acting in a fiduciary capacity with respect to my interests or my investment decisions.

A target-date fund invests in a variety of underlying asset classes and investment styles. The asset mix and weightings of these underlying investments are automatically adjusted over time to be more conservative as your assumed retirement date approaches. Please note, however, that the principal value of your investment is not guaranteed at any time, including at the target date. For more information about target-date funds or to receive investment guidance, please visit americancentury.com or call us at 1-800-345-3533.

Please read a fund's prospectus carefully before investing. You may only invest in a fund for which you have a current prospectus. If you need additional prospectuses, call 1-800-345-3533 or view the prospectus at americancentury.com.

Fund name	Percentage
Fund name	Percentage
Fund name	Percentage
Fund name	Percentage

Percentages must total 100%.

5 Sign Your Name

Please sign below exactly as your name appears in step 1.

- I have read the prospectus for the fund(s) in which I'm investing.
- I understand there may be adverse tax consequences, including taxes and penalties, if the transfer requested on this form does not comply with the requirements specified under the IRS Regulations for 403(b) plans, including the requirement that the employer maintain an information sharing agreement with American Century Services, LLC (American Century) or American Century is an approved provider under the employer's plan.
- I acknowledge that the Custodian, State Street Bank and Trust Company, and American Century shall not be liable for any tax or other consequences in connection with the transfer to my 403(b) that I have requested on this form.
- I understand that providing my email address gives American Century permission to send me information about products and services via email.
- I authorize my current provider to release account information to American Century.
- I understand that any balances I am transferring from a 403(b)(1) annuity into a 403(b)(7) custodial account may be subject to more restrictive withdrawal provisions.
- I understand that American Century will allocate the entire balance to the most restrictive money source in my employer's plan, unless my prior investment provider indicates the money sources of the transferred amount under the previous plan.



Signature and date

Printed name

6 Signature Guarantee (if required)

You must obtain a signature guarantee if it is required by your current provider.

A signature guarantee is a warranty by the guarantor that the signature is genuine and that the person signing is competent and authorized to sign. Many domestic banks, trust companies, credit unions, brokers, dealers, national securities exchanges, registered securities associations, clearing agencies and savings associations can provide a signature guarantee for you. The signature must correspond in every way, without alteration, with the name printed on the current account registration. Each guarantee must be an original ink stamp that states "Signature Guaranteed/Medallion Guaranteed."

NOTE: Acknowledgement of signature by a notary public is NOT acceptable.

Please affix signature guarantee ink stamp below with appropriate signature, title of officer and date.

7 Obtain Employer Approval (if required)

Employer approval may not be required if the employer has signed an Information Sharing Agreement with American Century, or if American Century is an approved provider under the employer's written 403(b) plan. Check with your current provider to determine if employer approval is required.

The employer certifies that it has an Information Sharing Agreement with American Century that meets the requirements under the IRS Regulations for 403(b) plans or that American Century is an approved provider under the employer's written 403(b) plan.



Signature and date

Printed name and title