



QUALIFIED PLAN TRANSFER REQUEST

HORIZON TRUST COMPANY

6301 Indian School Rd NE Ste.200
Albuquerque, NM 87110

Phone: 888-205-6036
Fax: 505-288-3905
Operations@Horizontrust.com

Check the option below which applies and follow the instructions under that option

EMPLOYER AND PLAN INFORMATION

NAME OF PLAN: _____

NAME OF EMPLOYER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

FEDERAL TAX IDENTIFICATION NUMBER: _____

TYPE OF PLAN (Check One) Profit Sharing Plan Money Purchase Pension Plan Defined Benefit Pension Plan

CURRENT CUSTODIAN OR TRUSTEE

NAME: _____ PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

OPTION 1

TRANSFER DUE TO AMENDMENT AND RESTATEMENT

- An amendment and restatement occurs when an employer moves the plan and the plan assets to a new sponsor by adopting the new sponsor's plan as an amendment to the existing plan.
- The plan number (also known as the sequence number) will not change.
 - The replacement plan must be established before the assets are transferred to the new Custodian or Trustee.
 - The optional forms of benefits must be at least as favorable in the replacement plan as were available in the existing plan, unless certain requirements are met.

OPTION 2

TRANSFER OF ASSETS BETWEEN SEPARATE PLANS

- A transfer of assets between plans occurs when an employer maintains two or more separate qualified retirement plans and moves the assets from one plan to another.
- Each plan must have a different plan number (also known as the sequence number).
 - The plan participants must be notified of the upcoming transfer.
 - The transfer must be reported on each plan's annual IRS Form 5500 return.
 - Any participant who has reached his or her first distribution calendar year must receive any required distributions before the assets are transferred.
 - If the transfer is occurring between dissimilar plan types (e.g., Money Purchase Pension Plan to Profit Sharing Plan) the employer may wish to consider filing for a private letter ruling from the IRS.
 - The optional forms of benefits must be at least as favorable in the plan receiving the transfer as were available in the plan transferring the assets, unless certain requirements are met.

TRANSFER INFORMATION

I direct you to transfer the assets from the above designated Qualified Retirement Plan as follows:
Please make the check payable to (or, if indicated below, reregister assets in the name of):

_____ as Custodian Trustee for
_____ (name of plan which will receive the assets).

Transfer the assets in the manner prescribed below:

Asset Description	Quantity In Plan	Quantity To Be Transferred	Liquidate Immediately	Transfer at Maturity	Transfer In Kind
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SIGNATURES

I acknowledge a plan has been established with the successor Custodian or Trustee.

Authorized Signature of
PLAN ADMINISTRATOR OR EMPLOYER _____ DATE _____

NOTARY PUBLIC/SIGNATURE GUARANTEE _____ DATE _____

SUCCESSOR CUSTODIAN OR TRUSTEE

Transfer Acceptance

We agree to serve as the Custodian or Trustee for the above named plan and, as such, we agree to accept the assets being transferred.

AUTHORIZED SIGNATURE _____ DATE _____

NAME OF SUCCESSOR CUSTODIAN OR TRUSTEE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____