

403(b) Incoming Contract Exchange/Direct Rollover



MONTGOMERY COUNTY PUBLIC SCHOOLS

1013900-01

Participant Information

Form with fields for Last Name, First Name, MI, Social Security Number, Address - Number & Street, E-Mail Address, City, State, Zip Code, Home Phone, Work Phone, Date of Birth (Mo, Day, Year), and checkboxes for Female, Male, Married, Unmarried.

Contract Exchange/Direct Rollover Information

Current Plan Administrator must authorize by signing in the Required Signatures section.

I am choosing a:

- Direct Rollover from a previous employer's:
- Qualified 401(a) Plan
- Qualified 401(k) Plan
- 403(b) Plan
- Governmental 457(b) Plan
Direct Rollover from a Traditional IRA Plan (Non-deductible contributions/basis may not be rolled over.)
Contract Exchange from another investment provider under the Plan

Previous Provider Information:

Form with fields for Company Name, Account Number, Mailing Address, City/State/Zip Code, and Phone Number.

Previous Provider must complete:

12/31/86 values: \$ For 403(b)(1) Plans only, 12/31/88 values: \$

If no historical account value information is provided within 60 days of Service Provider's receipt of the funds, I understand that Service Provider will treat the entire exchanged amount as attributable to post-December 31, 1988 values.

Employer contributions: \$ Employer earnings: \$
Before-tax employee contributions: \$ Before-tax employee earnings: \$
After-tax contributions, if any: \$ After-tax earnings: \$

Note: If the above information is not provided, all amounts received will be considered employee before-tax contributions and earnings.

Amount of Contract Exchange/Direct Rollover: \$ (Enter approximate amount if exact amount is not known.)



Last Name

First Name

MI

Social Security Number

Investment Option Information (applies to only this request)

I understand that funds may impose redemption fees on certain transfers, redemptions or exchanges if assets are held less than the period stated in the fund's prospectus or other disclosure documents. I acknowledge that the fee imposed by the fund company will be deducted from my account. I will refer to the fund's prospectus and/or disclosure documents for more information.

Table with 4 columns: INVESTMENT OPTION NAME, INVESTMENT OPTION CODE, INVESTMENT OPTION NAME, INVESTMENT OPTION CODE. Lists various fund options like AllianceBernstein Small/Mid Cap Value A, Strategic Value Annuity (Fixed Option), etc.

See following page(s) for Required Signatures

Additional Features

(only one strategy can be used at a time):

- Checkboxes for Dollar Cost Averaging (Monthly, Quarterly, Semi-Annually, Annually) and Rebalancing Program (One Time, Quarterly, Semi-Annually, Annually).

Participant Acknowledgements

General information - I understand that only certain types of distributions are eligible for contract exchange/rollover treatment and that it is solely my responsibility to ensure such eligibility. By signing below, I affirm that the funds I am exchanging/rolling over are in fact eligible for such treatment.

I authorize these funds to be transferred into my employer's Plan and to be invested according to the information specified in the Investment Option Information section.

If the investment option information is missing or incomplete, I authorize Service Provider to allocate the contract exchange/direct rollover assets ("assets") the same as my ongoing contributions (if I have an account established) or to the default investment option selected by my Plan (if I do not have an account established).

I understand that the current Custodian/Provider may require that I furnish additional information before processing the transaction requested on this form, and Service Provider is not responsible for determining the status of any transaction that I have requested. It is entirely my responsibility to provide the current Custodian/Provider with any information that they may require, and/or to notify Service Provider of any information that the current Custodian/Provider may wish to obtain in order to effect the transaction.

Withdrawal restrictions - I understand that the Internal Revenue Code and/or my employer's Plan Document may impose restrictions on the availability of certain monies (amounts contributed and accruing after December 31, 1988) under 403(b) tax sheltered annuities. The restricted monies cannot be distributed to participants before the occurrence of one of the following: attainment of age 59 1/2; severance of employment with the employer (due to total disability, retirement, termination or otherwise); financial hardship as defined under present or future IRS regulations (in which case only elective deferrals may be withdrawn); or death of participant.

Investment options - I understand that by signing and submitting this form for processing, I am requesting to have investment options established under the Plan as specified in the Investment Option Information section. I understand and agree that this account is subject to the terms of the Plan Document. I understand and acknowledge that all payments and account values, when based on the experience of the investment options, may not be guaranteed and may fluctuate, and, upon redemption, shares may be worth more or less than their original cost. I acknowledge that I have received current prospectuses for the investment options available to me. Refer to the Web site below for prospectuses online.

Account corrections - I understand that it is my obligation to review all confirmations and quarterly statements for discrepancies or errors. Corrections will be made only for errors which I communicate within 90 calendar days of the last calendar quarter. After this 90 days, account information shall be deemed accurate and acceptable to me. If I notify Service Provider of an error after this 90 days the correction will only be processed from the date of notification forward and not on a retroactive basis.

Contract Exchange/direct rollover information - I understand that Contract Exchanges are exchanges of §403(b) funds between authorized §403(b) investment providers under this Plan. Contract Exchanges are not considered to be "distributions" from the Plan. I affirm that the funds I elect to exchange to this 403(b) provider under this Plan or directly roll over to the Plan are eligible to be exchanged or rolled over.

Last Name

First Name

MI

Social Security Number

Payment Instructions

Make check payable to:
METLIFE C/O FASCORE, LLC

Include the following information on the check:
Participant Name, Social Security Number, Plan Number, Plan Name

Wire instructions:
Account of: METLIFE
Bank: US BANK
Account no: 194311307046
Routing transit no: 102000021

Attention: Financial Control
Reference: Participant Name, Social Security Number,
Plan Number, Plan Name

Regular mail address for the check and form (if mailed together):
METLIFE C/O FASCORE, LLC
Dept 0408
Denver, CO 80256-0408

Overnight mail address for the check and form (if mailed together):
US BANK
10035 East 40th Avenue
Dept #0408
Denver, CO 80238
Contact:
MetLife c/o FASCORE, LLC
Phone #: 1-800-543-2520

If sending the "form" only, please fax to 1-866-745-5766 or follow mailing instructions above. To expedite receipt of funds, wire monies as indicated above. Please remember that this form needs to arrive prior to or at the same time the funds arrive to invest according to the allocations on this form.

Required Signature(s) - My signature affirms that I have read, understand the effect of my election and agree to all pages of this Incoming Contract Exchange/Direct Rollover form and that all information provided is true and correct. I understand that Service Provider is required to comply with the regulations and requirements of the Office of Foreign Assets Control, Department of the Treasury ("OFAC"). As a result, Service Provider cannot conduct business with persons in a blocked country or any person designated by OFAC as a specially designated national or blocked person. For more information, please access the OFAC Web site at: <http://www.ustreas.gov/offices/eotffc/ofac>.

Participant forward to Plan Administrator

Plan Administrator forward or fax as shown above in the Payment Instructions section.

Participant Signature

Date

I acknowledge and agree that the Plan Administrator for the Previous Employer's Plan is released from and the Plan Administrator for the Current Employer's Plan shall assume all obligations associated with any amounts exchanged under this Incoming Contract Exchange/Direct Rollover form. The Plan accepts the participant's direct rollover contribution from the prior employer's plan and has determined the funds are eligible for direct rollover. If applicable, the Plan authorizes this participant's contract exchange from the provider under this Plan listed in the Previous Provider section of this form and has determined that funds are eligible for an exchange into this contract.

Authorized Plan Administrator Signature

Date

Registered Representative Signature

Date

Registered Representative ID

Print Full Name

CUSTOMER PRIVACY NOTICE

This Privacy Notice is given to you on behalf of Metropolitan Life Insurance Company.

This Privacy Notice Tells You:

- Why and how we gather information about you
- How we protect what we know about you
- How we use and disclose your information
- What your rights are

Why We Need to Know About You: We need to know about you so that we can provide the insurance and other products and services you've asked for. We may also need information about you in order to administer your business with us, evaluate claims, process transactions and run our business. And we need information from you and others to help us verify identities in order to help prevent money laundering and terrorism.

What we need to know includes address, age and other basic information. But we may need more information, including finances, employment, health, hobbies or business conducted with us, with other MetLife companies (our "affiliates") or with other companies.

How We Learn about You: What we know about you we get mostly from you. But we may also have to find out more about you from other sources to make sure that the information we have about you is correct and complete. Those sources may include adult relatives, employers, consumer reporting agencies, and others. Some sources may give us reports and may disclose what they know to others.

How We Protect What We Know About You: Because you entrust us with personal information, we take steps we consider reasonable to make sure that what we know about you is treated confidentially. For example, our employees are told to take care in handling your information. They may get information about you only when there is a good reason to do so. We also take steps to make our computer databases secure and to safeguard the information we have.

How We Use and Disclose What We Know About You: We may use what we know about you to help us serve you better. We are allowed by law to use the information we have about you, and disclose it to our affiliates and others, for many purposes. For instance, we may use your information, and disclose it to others, in order to:

- Help us evaluate your request for a product or service
- Help us process claims and other transactions
- Confirm or correct what we know about you
- Help us prevent fraud and other crimes
- Help us comply with the law
- Help us run our business
- Process information for us
- Perform research for us
- Audit our business

When we disclose information to others to perform business services for us, they are required to take appropriate steps to protect this information. And they may use the information only for the purposes of performing those business services.

Other reasons we may disclose what we know about you include:

- Doing what a court or government agency requires us to do; for example, complying with a search warrant or subpoena;
- Telling another company what we know about you, if we are or may be selling all or any part of our business or merging with another company;
- Giving information to the government so that it can decide whether you may get benefits that it will have to pay for; and
- Giving your information to someone who has a legal interest in your insurance, such as someone who lent you money and holds a lien on your policy.

Generally, we will disclose only the information we consider reasonably necessary to disclose and no more.

We may use what we know about you in order to offer you our other products and services. We may also provide information to others outside of the MetLife companies, such as marketing companies, to help us offer our own products and services to you. In addition, we can tell you about our affiliates and the products they offer.

Unless you tell us not to (see "You Can Make an 'Opt Out' Election" below), we may disclose certain information to our affiliates so that they can offer their products and services directly to you. Our affiliates include life, car and home insurers, securities firms, broker-dealers, a bank, a legal plans company and financial advisors. In the future, we may have affiliates in other businesses. In addition, if we have joint marketing agreements with other unaffiliated financial services companies, we may give them information about you so that we can offer products jointly or so they can offer products and services endorsed or sponsored by us to you. But we will not share information for joint marketing if you tell us not to or if the law that applies to you does not allow it.

You Can Make an "Opt Out" Election. You can tell us not to share your information with our affiliates so that they can market their products directly to you, or not to disclose your information to a third party in connection with a joint marketing arrangement. If this is the first time we are giving you an "opt out" choice, an "opt out" election form is enclosed with this notice. If it is not enclosed, you can obtain an "opt out" election form by calling us at 1-877-638-7684 or by writing to us at the address at the end of this notice.

Even if you do not "opt out," we will not disclose your health information to another company to permit it to market its products to you. We will also not share your information with other unaffiliated companies who may want to market their products directly to you, unless it is in connection with a joint marketing arrangement (as described above). For example, we will not sell or otherwise disclose your information to a catalog company.

You Can See and Correct the Information We Have About You: Generally, we will let you review what we know about you if you ask us in writing. (Because of its legal sensitivity, we will not show you anything that we learned in connection with a claim or lawsuit.) Also, if the law allows us to do so, we may decide to disclose what we know about your health only through your health care provider. If you tell us that what we know about you is incorrect, we will review it. If we agree with you, we will correct our records. If we do not agree with you, you may tell us in writing, and we will include your statement in any future disclosure of information.

You Can Get Other Information from Us: In addition to any other privacy notice we may give you, we must give you a summary of our privacy policy once each year. You may have other rights under the law. If you want to know more about our privacy policy, please contact us at our Web site, www.metlife.com, or write to your MetLife company, c/o MetLife Privacy Office, P.O. Box 489, Warwick, Rhode Island 02887-9954.