

# 403(b)(7) SUPPLEMENTAL EMPLOYER INFORMATION FORM

AC: \_\_\_\_\_  
*For internal use only*



For more information, contact us toll free at 800.820.0888, direct dial 301.296.5406 or fax 301.296.5103.

Visit our web site at [www.rydex-sgi.com](http://www.rydex-sgi.com).

Standard delivery: P.O. Box 758567, Topeka, KS 66675-8567

Overnight delivery: 200 SW 6th Street, Topeka, KS 66603-3704

**403(b) Plan Participant:** Complete page 1 of this form then have your employer or 403(b) plan administrator complete page 2. This form must be included with your requested transaction.

**Employer/403(b) Plan Administrator:** Please verify the information that your plan participant has provided on page one and the transaction documents (i.e., application or withdrawal form). Complete page 2 and return both forms to the plan participant.

## ACCOUNT INFORMATION

Account Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Account Name: \_\_\_\_\_

The transaction I am requesting is a (check all that apply):

- |   |   |
|---|---|
| <input type="checkbox"/> Distribution   | <input type="checkbox"/> Transfer between 403(b)(7) accounts at Rydex Investments                           |
| <input type="checkbox"/> New account  | *Are both accounts under the same employer's plan? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Exchange to Rydex Investments from another investment provider | <i>If no, please complete one form for each account/employer.</i>   |
| <input type="checkbox"/> Exchange from Rydex Investments to another investment provider | <input type="checkbox"/> Rollover to an IRA after a qualifying event  |
| Investment provider: _____  | Qualifying event: _____   |

## EMPLOYER INFORMATION

We may be required to obtain and/or confirm certain information from your employer before processing your request. Provide the contact information for your 403(b) plan administrator below. Failure to provide this information may delay your request:

Employer: \_\_\_\_\_

I am:

- Currently employed by the above employer.
- Separated from service with the above employer as of \_\_\_\_\_ (date).
- The beneficiary of a former employee.

403(b) Plan Administrator: \_\_\_\_\_  
*(individual or company name)*

Administrator telephone number: \_\_\_\_\_

### Important Information:

For all new 403(b)(7) custodial accounts and transfers into existing 403(b)(7) accounts:

- an information sharing agreement (ISA) must be in place with the employer prior to the transaction being accepted. Contact your 403(b) plan administrator for information regarding their policies for establishing such an agreement. Plan administrators should contact us at the address or telephone number above for more information about establishing an ISA.

For all distributions:

- Employer approval may not be required for accounts that meet one of the following sets of conditions. However, the name of the employer where the plan originated and your employment status are required if you have not already provided it.
  - Accounts opened and initial funding received on or before 12/31/2004 AND no contributions received after 12/31/2004;
  - Accounts transferred from other custodians on or before 9/24/07 AND no contributions were ever received;
  - Accounts opened between 1/1/2005 and 12/31/2008 for former employees whose separation from service/retirement date is on or before 12/31/2008 AND whose accounts have not received contributions in a year after the account was opened.
  - NOTE: Even if you meet the conditions above situations may exist where we may need to contact your employer for verbal approval. We will advise you of the need for future employer approval if the account is not being redeemed in full.
- All other accounts must have employer approval prior to the distribution being processed.
- If you have questions about whether or not you need employer approval, please contact us at the number above.

For all transfers out to new custodians:

- In addition to this form, we must have proof of an ISA with the new custodian. A copy of the ISA may accompany the request, the employer may certify in writing that one exists or we will contact the employer by telephone for verification.

**ADMINISTRATOR OR EMPLOYER APPROVAL**

*(To be completed by your plan administrator or employer)*

**The employer listed on page 1 of this form:** (please check one)

- Approves the transaction and currently has an ISA or other agreement in place with Rydex Investments.
- Approves the transaction but no ISA will be established. (Applicable only for distributions from certain existing accounts)
- Has attached an information sharing agreement and the transaction is approved pending mutual acceptance of the agreement.
- Other (provide details, subject to review and approval by Rydex Investments) \_\_\_\_\_

If this transaction is not approved, please return this form to the participant and advise them of the reason the request was not approved.

**CONTACT INFORMATION**

Who should we contact to establish an ISA if one is not already in place?

Contact Name: \_\_\_\_\_

Contact Telephone Number: \_\_\_\_\_

Address Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Who should we contact with questions about transaction approvals? *(For this request or future requests from the same or different employee)*

- Same as above

Contact Name: \_\_\_\_\_

Contact Telephone Number: \_\_\_\_\_

\_\_\_\_\_  
 Administrator/Employer Signature Title Date

<b>FOR INTERNAL USE ONLY</b>	
Call Time: _____	INBY: _____
Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	QC: _____
Additional contacts: _____	