Oregon Health & Science University
Transfer/Rollover/Exchange Form Instructions

Reference the instructions below while completing the form. For additional assistance, please contact Fidelity Investments at 1-800-343-0860 or, for the hearing impaired, 1-800-259-9743 (TTY), Monday through Friday, 5:30 a.m. to 9 p.m. Pacific time (except for New York Stock Exchange holidays).

1. YOUR INFORMATION

Please provide your information in this section.

2. INVESTMENT PROVIDER YOU ARE MOVING MONEY FROM

Please review your most recent statement for this name and address, and include a copy of the statement with this form. Please contact your previous investment provider to see if additional paperwork is required.

3. ACCOUNT(S) OR CONTRACT(S) TO MOVE

Account or Contract Number: This number is available on your previous investment provider account statement. If you are unable to locate this number on your statement, please contact the previous investment provider. If you do not provide an account or contract number, we will use your Social Security number or U.S. Tax Identification number to request the assets to be moved.

Type of Account or Contract: If you are unsure of the type of account or contract, please contact the previous investment provider or refer to your statement. Select at least one.

Another OHSU Plan. Movement of assets from 403(b) to 403(b) will be requested as a vendor or contract exchange. Movement of money between the same plan types, excluding 403(b) plans [401(a); 401(k), 457(b) to 457(b)], will be requested as an in-plan transfer. Movement of money between different plan types will be requested as a rollover.

A Previous Employer. For 403(b) and 401(a)/(k) plans, this is a rollover transaction. For governmental 457(b) plans, this is a rollover unless Fidelity receives direction to process as a transfer.

A Rollover (Conduit) IRA. This is a rollover transaction. After-tax value may not be rolled from an IRA.

Oregon PERS. If you are moving money from a PERS account, choose the correct box to indicate the source of your PERS money: State Street or the state of Oregon.

A Traditional IRA or SEP IRA. This is a rollover transaction. Roth IRAs and Coverdell IRAs cannot be accepted.

Liquidation Amount: Specify the amount of money you want moved to your Fidelity account. If you choose “Full Liquidation/100%,” Fidelity will request your full balance. If you choose “Partial Liquidation,” Fidelity will request the dollar amount or percentage you specify. If you do not specify an amount, Fidelity will move/liquidate 100%. If you are moving 457(b) assets, please be aware that governmental 457(b) assets must be moved into a governmental 457(b) plan, and nongovernmental 457(b) assets must be moved into a nongovernmental 457(b) plan. Transfers from nongovernmental 457(b) plans are not provided for on this form. Rollovers from 403(b) plans, 401(a)/(k) plans, and IRAs to governmental 457(b) plans must be recordkept in separate rollover sources to limit the distributions that may be subject to a 10% early distribution penalty.

4. YOUR FIDELITY ACCOUNT INFORMATION

If you do not have a retirement account through Fidelity for the employer listed here, you must complete the enrollment process. For help with enrollment, please contact Fidelity at 1-800-343-0860.

Employer sponsoring your Fidelity retirement account: The employer name appears on your Fidelity account statement or in your enrollment paperwork.

Plan Type with this employer: This information is required to ensure that Fidelity credits your assets to the proper account. Please contact Fidelity at 1-800-343-0860 or, for the hearing impaired, 1-800-259-9743 (TTY), if you do not know your type of account.

Plan Number: Please provide the plan number if you have multiple retirement plan accounts with Fidelity. Please contact Fidelity at 1-800-343-0860 to obtain the plan number.
5. INVESTMENT INSTRUCTIONS

Would you like the assets invested in your current investment selection? If “Yes” is selected, your assets will be allocated to your current investment selection on file with Fidelity. If you select “No,” please list the fund names, fund codes (if known) and percentages. Please ensure that the percentages equal 100%. Please list additional funds on a separate page and attach it to this form.

Fund Name: List the fund name(s) you want your assets credited to.
Fund Code: Provide the four-digit fund code(s) (if known).
Percentage: Please ensure that the percentages listed equal 100%.

Note: If the funds selected are unclear, unavailable, or total less than 100%, the percentages allocated to those funds and/or any unallocated percentage will be defaulted to the Vanguard Institutional Target Retirement Fund based on your current age and assuming a normal retirement age of 65. If the percentages listed exceed 100%, the entire amount will be defaulted, as described above.

6. YOUR SIGNATURE

Please read the legal information provided in this section and then sign the form. We are unable to process your request without your signature.

Transfer/Rollover/Exchange Form Checklist:

Here is a checklist to ensure that your request is in good order.
Please remember to:

- Include your most recent account statement from the Previous Investment Provider
- Indicate the amount or percentage of money you are moving to Fidelity
- Sign in Section 6 of the form
- Return this form to:

  **First-Class Mail**
  Fidelity Investments
  P.O. Box 770002
  Cincinnati, OH 45277-0090

  **Overnight Delivery**
  Fidelity Investments
  100 Crosby Parkway, Mailzone KC1E
  Covington, KY 41015

Please contact your previous investment provider to see if additional paperwork is required.
Oregon Health & Science University
Transfer/Rollover/Exchange Form

Instructions: Use this form to move assets to your Fidelity employer-sponsored retirement account from a previous investment provider. You may also use this form to consolidate multiple employer-sponsored retirement accounts currently at Fidelity. If you do not have a retirement account with Fidelity, you must also enroll online at www.NetBenefits.com/OHSU. An incomplete form may delay the processing of your request. Use a separate form for each investment provider.

Please return this form to:

First-Class Mail

Fidelity Investments
P.O. Box 770002
Cincinnati, OH 45277-0090

Overnight Delivery

Fidelity Investments
100 Crosby Parkway, Mailzone KC1E
Covington, KY 41015

Questions? Call Fidelity Investments at 1-800-343-0860 or, for the hearing impaired, 1-800-259-9743 (TTY), Monday through Friday, 5:30 a.m. to 9 p.m. Pacific time (except for New York Stock Exchange holidays), for assistance with completing this form.

1. YOUR INFORMATION

Please use a black pen and print clearly in CAPITAL LETTERS.

Social Security #: ___________________________ Date of Birth: ____________

First Name: ___________________________

Last Name: ___________________________

Mailing Address: ___________________________

City: ___________________________ State: ___________________________

ZIP: ___________________________

Daytime Phone: ___________________________ Evening Phone: ___________________________

Email: ___________________________

2. INVESTMENT PROVIDER YOU ARE MOVING MONEY FROM

Name of investment provider you are moving money from ___________________________

Please include a copy of your most recent account statement from your investment provider.

Provider Street Address: ___________________________

City: ___________________________ State: ___________________________

ZIP: ___________________________

Provider Phone: ___________________________ Ext: ___________________________

Please contact your previous investment provider to see if additional paperwork is required. Use a separate form for each investment provider.
3. ACCOUNT(S) OR CONTRACT(S) TO MOVE

Please provide information about the account(s)/contract(s) you wish to move to Fidelity. If no account or contract numbers are provided, we will use your Social Security or U.S. Tax ID number to request the assets to be moved.

3A. FIRST ACCOUNT (if more than one account, please complete section 3B in addition to section 3A).

1. Account/Contract Number: 

Type of Account/Contract (select at least one):
- 403(b)       □
- Roth 403(b) balance □
- 401(a)/(k)   □
- Roth 401(k) balance □
- 457(b) governmental □
- Roth 457(b) governmental balance □
- IRA □
- Oregon PERS □

2. Please check the box below that most accurately reflects where the account or contract mentioned above will transfer/was transferred from. Note that your selection will dictate how we process this transaction. Please read Section 3 of the instructions for more details.

□ Another OHSU Plan.
□ A Previous Employer [for 403(b) and 401(a)/(k) plans].
   Previous Employer Name: ____________________________
□ A Rollover (Conduit) IRA.

□ Oregon PERS (check issued by State Street).
□ Oregon PERS (check issued by the state of Oregon).
□ A Traditional IRA or SEP IRA.

3. Indicate how much of your account will be/was liquidated/transferred (select one).

□ Full Liquidation/100% □ Partial Liquidation □ % OR $ ___________

3B. SECOND ACCOUNT (if applicable).

1. Account/Contract Number: 

Type of Account/Contract (select at least one):
- 403(b)       □
- Roth 403(b) balance □
- 401(a)/(k)   □
- Roth 401(k) balance □
- 457(b) governmental □
- Roth 457(b) governmental balance □
- IRA □
- Oregon PERS □

2. Please check the box below that most accurately reflects where the account or contract mentioned above will transfer/was transferred from. Note that your selection will dictate how we process this transaction. Please read Section 3 of the instructions for more details.

□ Another OHSU Plan.
□ A Previous Employer [for 403(b) and 401(a)/(k) plans].
   Previous Employer Name: ____________________________
□ A Rollover (Conduit) IRA.

□ Oregon PERS (check issued by State Street).
□ Oregon PERS (check issued by the state of Oregon).
□ A Traditional IRA or SEP IRA.

3. Indicate how much of your account will be/was liquidated/transferred (select one).

□ Full Liquidation/100% □ Partial Liquidation □ % OR $ ___________
4. YOUR FIDELITY ACCOUNT INFORMATION

Employer sponsoring your Fidelity retirement account:

- Oregon Health & Science University

City & State of Employer: Portland, Oregon

Are you still employed with this Employer?: Yes □  No □

4A. Fidelity Account Information for 3A.

- Plan Type: □ 403(b) □ 401(a)/(k) □ 457(b) governmental
- and Plan Number (see box at right) □ □ □ □ □ □ □ □

4B. Fidelity Account Information for 3B.

- Plan Type: □ 403(b) □ 401(a)/(k) □ 457(b) governmental
- and Plan Number (see box at right) □ □ □ □ □ □ □ □

If there is a discrepancy between plan type and plan number, the plan type selected will be used.

5. INVESTMENT INSTRUCTIONS

Would you like the assets invested in your current investment selection? Yes □  No □

If no, specify below:

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If the funds selected are unclear, unavailable, or total less than 100%, the percentages allocated to those funds and/or any unallocated percentage will be defaulted to the Vanguard Institutional Target Retirement Fund based on your current age and assuming a normal retirement age of 65. If the percentage listed exceeds 100%, the entire amount will be defaulted, as described above.
6. YOUR SIGNATURE

By signing this form:
• I hereby direct the investment provider identified on this form in Section 2 to liquidate the designated amount of the account(s) listed on this form, and to release the proceeds to my account under my employer’s plan, except to the extent my current employer or any of my former employers prohibit such release. In the event of such prohibition, I hereby direct said investment provider to retain the portion of my account(s) that cannot be released in a separate account or contract and to release the remainder.
• I hereby agree to the terms and conditions stated in this form, including the instructions, and certify that I am requesting a vendor or contract exchange, in-plan transfer, or rollover, of my retirement plan assets in accordance with applicable IRS and plan rules.
• I certify under the penalties of perjury that my Social Security or U.S. Tax Identification number on this form is correct.
• I acknowledge that I have read the prospectus(es) for any mutual fund in which I invest and agree to the terms.
• I hereby agree that if my assets will be sent to Fidelity in installments, the first installment may be invested according to my instructions on this form. All subsequent installment payments as well as any residual balances not received within 30 days will be invested according to the investment elections currently in place with Fidelity for the Plan at the time my assets are received by Fidelity.

For 403(b)-to-403(b) vendor or contract exchanges
• I understand that any balances I am exchanging from a 403(b)(1) annuity into a 403(b)(7) custodial account may be subject to more restrictive withdrawal provisions.
• I understand that if I exchange a contribution source that is not allowed by the Plan, the value associated with the unacceptable source will be returned to the investment provider named in Section 2.
• I direct Fidelity to treat all monies as pretax contributions made subsequent to 12/31/88 unless my prior investment provider provides Fidelity with account balances as of 12/31/88 and post-1988 salary reduction contributions.
• I direct Fidelity to treat the entire balances as subject to minimum distribution requirements unless my prior investment provider provides Fidelity with account balances as of 12/31/86.
• I direct Fidelity to allocate the entire balance to the most restrictive source in the current employer’s plan unless my prior investment provider provides Fidelity with the sources of the exchanged amount under the previous plan.

Your Signature: [X] Date: [ ]