



Special Pay Plan Contract Exchange Form

Employee Data	
Name:	Social Security Number:
Address:	
Daytime Phone Number: ()	Evening Phone Number: ()
Employer Name:	Date Last Employed: Date of Birth:
Beneficiary Name and Social Security Number (if death claim):	
Relinquishing Carrier	
A. Relinquishing Carrier Information (Please Complete)	
Current Carrier/Custodian Name _____	
Exchange Amount <input type="checkbox"/> Full (approximate amount) \$ _____ or <input type="checkbox"/> Partial \$ _____	
Account Number _____	Telephone Number _____
Street Address _____	
B. Relinquishing Carrier – Please provide the following for Code Section 403(b) Plans:	
12/31/86 Balance \$ _____	12/31/88 Balance \$ _____
Employee Authorization	
I certify that I am aware of the rules and requirements regarding 403(b) account exchanges, am aware of my right to receive information regarding my current account, including account values, that I have not received any tax advice from the Plan Sponsor and/or Custodian, and that all information provided is correct and complete.	
_____	_____
Signature	Date
Instructions to Current Carrier/Custodian	
Please make check payable to: Kades-Margolis Employee Deposit Account	
(regular mail) Kades-Margolis GWN Employee Deposit Account C/O BB&T PO Box 568828 Orlando, FL 32856-8828	(overnight mail) Kades-Margolis GWN Employee Deposit Account C/O BB&T 102 W. Pine Loch Avenue, Suite 18 Orlando, FL 32806-6131
This document will serve as a letter of acceptance and verification that these funds will be deposited into a Kades-Margolis Capital program group annuity account, underwritten by American United Life Insurance Company®, a OneAmerica Company®. This transaction is intended to qualify as an exchange and therefore does not constitute actual or constructive receipt for Federal income tax purposes.	
x _____	_____
Authorized Kades-Margolis Capital Signature	Date
Signature Guarantee (if required by relinquishing carrier)	
x _____	_____
Signature of Guarantor	Date
	Title
<div style="border: 1px solid black; width: 400px; height: 80px; margin: 0 auto; padding: 10px;">Place Signature Guarantee Here</div>	
Signature of Authorized Plan Administrator	
I certify that I am authorized on behalf of the current Employer Plan Administrator and that this transaction is permitted under the Employer's Plan and that I approve of this transaction:	
_____	_____
Signature	Date