FAIRFAX COUNTY GOVERNMENT 457 PLAN
REQUEST TO MOVE DEFERRED COMPENSATION ASSETS FORM

Check one box in each column.

☐ From VALIC (59356001)	☐ To VALIC (59356001)
☐ From ICMA-RC (301887)	☐ To ICMA-RC (301887)
☐ From Nationwide (000816)	☐ To Nationwide (000816)
☐ From T. Rowe Price (7-58001)	☐ To T. Rowe Price (7-58001)

Note: Complete an enrollment form if you do not have an account with the vendor receiving the transferred assets.

PART A: Employee Information

Social Security Number: _____ -_____- _____ **Date of Birth:** _____ **Phone: H** _____ **W**_____

Name: _____
Last First Middle Initial

Address: _____
No. Street

_____
City State Zip Code

PART B: Funds to be Transferred

I request the County of Fairfax to transfer the following deferred compensation assets from my AIG VALIC, ICMA-RC, Nationwide, or T. Rowe Price account and invest the proceeds as shown below.

Transfer _____ **From** _____ **To** _____
Amount ($ or %) Fund Fund

Transfer _____ **From** _____ **To** _____
Amount ($ or %) Fund Fund

Transfer _____ **From** _____ **To** _____
Amount ($ or %) Fund Fund

Transfer _____ **From** _____ **To** _____
Amount ($ or %) Fund Fund

Restrictions:
You cannot directly transfer assets directly from a stable value fund with one vendor to a stable value fund with another vendor. Stable value assets must be transferred to an intermediary for 90 days before they can be moved to another vendor's stable value fund.

Signature: As a participant, I agree on behalf of myself and my heirs, successors and assigns, to hold harmless Fairfax County, the Administrator and the trustee, from any liability for acts performed in good faith relating to the 457 Deferred Compensation Plan , including, but not limited to, acts relating to the investment of my Participant Account.

_____ _____
Participant **Date**

_____ _____
Plan Administrator **Date**

DHR form 04/16/2009

Submit completed form to Employee Benefits, DHR or fax it to 703-802-8795.