



**LUSP Trust**

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**REQUEST FOR 1035 EXCHANGE**

*Complete form in its entirety, then fax, email, or return to the address above.*

**Member Information** – *Please Print Clearly*

Name \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Address \_\_\_\_\_ Apt.# \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

**Transfer Payment Policy**

- All transfer requests must be accompanied by 1035 Exchange transfer paperwork and sent to LUSP office.
- There is a \$50 distribution fee for ALL transfers.

**Financial Institution Information**

Name \_\_\_\_\_ Account # \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

By signing below, I agree to the terms of the rules and regulations of the plan of which I am a designated member.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of Member Date

***\*\*Completed by Administrator only – do not complete.***

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of Plan Administrator Date