

Questions? Call our National Service Center at 1-800-747-3942.

Instructions

Use this form to transfer funds from your current carrier to Security Benefit. Complete the entire form.

Please type or print.

1. The Participant should complete this Incoming Funds Request form.
2. Please contact your current carrier for any form requirements it may have for transferring money to another company.
Note: If you are age 73 and unemployed, the Required Minimum Distribution must be completed by the current carrier prior to requesting this transfer of funds.
3. Obtain Signature Guarantee if required by your current carrier.
4. Upon receiving this material Security Benefit will send a letter of acceptance to the current carrier.
5. If you are completing this form for a 403(b) or 403(b)(7) account/contract please contact your employer for any processing instructions the employer or third party administrator may require.

Notice to Current Carrier

This completed form and your current carrier's form along with a check made payable to Security Benefit for the benefit of the Participant listed on this should be mailed to:

<p>Mail to:</p> <p>Security Benefit Retirement Plan Services P.O. Box 219141 Kansas City, MO 64121-9141</p>	<p>For expedited or overnight delivery:</p> <p>Security Benefit Retirement Plan Services 430 W. 7th Street STE 219141 Kansas City, MO 64105-1407</p>
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Provide Security Benefit Account Information

Plan Number _____ **Plan Name** _____

Name of Owner _____
First MI Last

Mailing Address _____
Line 1 Line 2

City State Zip Code

Social Security/Tax I.D. Number _____

Cell Phone Number _____ **Home Phone Number** _____

Indicate the type of account you would like to transfer your funds to (check one).

<input type="radio"/> 403(b) TSA <input type="radio"/> Roth 403(b)* <input type="radio"/> 403(b)(7) <input type="radio"/> Roth 403(b)(7)* <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">TPA Approval Required</div>	<input type="radio"/> 457(b) Governmental <input type="radio"/> Roth 457(b)* <input type="radio"/> Traditional IRA <input type="radio"/> Roth IRA*
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**Roth assets can only be transferred to a Roth designated account.*

Provide Your Current Carrier Information

Please fill out the name and contact information of your current carrier.

Current Carrier's Name _____

Mailing Address: _____

Line 1

Line 2

City

State

Zip Code

Phone Number _____ **Account Number for Current Carrier** _____

Indicate the account type you have with your current carrier (check one).

- 401(a) 403(b) TSA Roth 403(b)(7) 457(b) Tax Exempt* SIMPLE IRA
- 401(k) Roth 403(b) TSA 457(b) Governmental Traditional IRA SEP-IRA
- Roth 401(k) 403(b)(7) Roth 457(b) Roth IRA

Indicate the investment type you have with your current carrier (check one).

- Annuity Bank CD Mutual Fund

If this request involves an annuity and your entire account balance, please check one of the following. My policy is:

- Enclosed Lost/Destroyed

**Can only transfer to another 457(b) Tax Exempt.*

Set up Transfer/Rollover Options

403(b)/403(b)(7) accounts only:

Please indicate one of the following

- Transfer (prior employer 403(b) Plan to current employer 403(b) Plan)
- Exchange (exchange of 403(b)/403(b)(7) assets from one provider to another provider within your current employer's Plan)
- Rollover (not like to like, for example 457 to 403(b)(7), etc.)

All other accounts other than 403(b)/403(b)(7)

Type of Transfer/Rollover

- Rollover (not like-to-like, for example 457 to IRA, etc.)
- Transfer (like-to-like, for example, 457 to 457, IRA to IRA, etc.)
- Conversion to Roth IRA

Amount

- Liquidate my entire Account: Estimated Value \$ _____
- Liquidate a specified amount: Amount to Transfer \$ _____
- Transfer over _____ years
- Monthly Quarterly Semi-Annually Annually

Distribution Requirements (if applicable)

I certify that applicable requirements have been met for distribution. Check all that apply:

- Age 59 ½ Disabled Severance from employment on _____
Date (mm/dd/yyyy)

