



NEA Valuebuilder Mutual Fund Incoming Funds Request

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:

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

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"/> 457(b) Governmental
<input type="radio"/> Roth 403(b)*	<input type="radio"/> Roth 457(b)*
<input type="radio"/> 403(b)(7)	<input type="radio"/> Traditional IRA
<input type="radio"/> Roth 403(b)(7)*	<input type="radio"/> Roth IRA*

TPA Approval Required

**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)

To view the investment options available for your contract, scan the **QR code** or visit **SecurityBenefit.com/Performance** and select your contract's product name.



Provide Investment Direction.

Indicate your investment preferences below using whole percentages totaling 100%. Some funds may not be available in all products. Refer to your prospectus or contract.

Please invest the funds (check one):

- ☐ As indicated on the application; or for an existing account, to the allocations on file.
- ☐ According to the Investment Allocations indicated below. Indicate whole percentages totaling 100%.

If no option is indicated above, the funds will be invested according to the allocations on file.

Percentage	Fund Name
_____ %	_____
_____ %	_____
_____ %	_____
_____ %	_____
_____ %	_____
_____ %	_____
_____ %	_____
_____ %	_____
_____ %	_____
_____ %	_____
_____ %	_____

Must Total 100%

For questions please consult with your financial professional.

Provide Signatures

As the owner, I understand, acknowledge and certify that:

- I am responsible for tax consequences which could include the imposition of penalties, additional taxes and interest. Security Benefit assumes no responsibility or liability for any effects of this transaction.
- I am aware of my right to receive information regarding my current account, including account values.
- I certify that the information provided is correct and complete.

X _____ Signature of Participant	_____ Date (mm/dd/yyyy)	_____ (You must include your designation if signing as a trustee, executor, custodian, guardian, or attorney-in-fact.)
X _____ Signature of Plan Sponsor or Third Party Administrator (If applicable – Please consult your Financial Professional or employer)	_____ Date (mm/dd/yyyy)	_____ Title

Notice for persons residing in a community property state: (1) the contract or proceeds thereof may be considered community property; (2) Security Benefit will administer the contract according to its terms, i.e., the owner can exercise all rights and privileges under the contract; (3) you are encouraged to consult with your legal counsel regarding any community property questions or concerns prior to effecting this transaction. The owner is solely responsible for determining the rights of the owner's spouse with respect to the contract and any transactions involving the contract. Security Benefit makes no representation regarding the characterization of the contract or the benefits thereunder as community property.

