

Incoming Funds Transfer

Attn: NEA Valuebuilder Program – Future, Select and Multi-Flex

Questions? Call our National Service Center at 1-800-NEA-VALU (632-8258).

Instructions

Use this form to transfer funds from your current carrier to your NEA Valuebuilder account. Complete the entire form. Please type or print.

1. The Participant should complete this Incoming Funds Request form and any applicable state required replacement forms.
2. Please contact your current carrier for any form requirements it may have for transferring money to another company.

Note: If you are 70½ (if you were born before July 1, 1949) or age 72 (if you were born after June 30, 1949) and are 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. This completed form and your current carrier's form should be mailed to:

Security Benefit
P.O. Box 750497
Topeka, KS 66675-0497

5. Upon receiving this material Security Benefit will send a letter of acceptance to the current carrier.
6. 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:

Please make check(s) payable to Nationwide for the benefit of the Owner listed on this form and mail to:

Security Benefit
P.O. Box 750500
Topeka, KS 66675-0500

1. General Account Information

Contract Number

Group Certificate (if applicable)

Name of Owner/Participant
(First) (MI) (Last)

Mailing Address

City State Zip Code

Tax I.D. Number / Social Security Number

Phone Number (for confidential calls between 7:00am and 6:00pm CST)

☐ Single ☐ Married (please check one)

2. NEA Valuebuilder Account Type

- ☐ 403(b) TSA
- ☐ Roth 403(b) TSA
- ☐ IRA
- ☐ Roth IRA
- ☐ Non-Qualified Annuity

3. Assignment of Ownership

Non-Qualified life or annuity only.

- ☐ **1035 Exchange:** I hereby make complete and absolute assignment and transfer of all rights, title and interest of every nature and character in and to the Current Carrier Account in Section 4 to Nationwide Life Insurance Company in an exchange intended to qualify under Section 1035 of the Internal Revenue Code. I understand that by executing this assignment, I irrevocably waive all rights, claims and demands under the above policy.



4. Current Carrier Information

Company Name

Address

City

State

Zip Code

Carrier Phone Number

Account Number

\$

Estimated Value

5. Current Carrier Account Type

- | | |
|--|---|
| <input type="checkbox"/> 403(b) TSA | <input type="checkbox"/> 401(k) |
| <input type="checkbox"/> Roth 403(b) TSA | <input type="checkbox"/> Roth 401(k) |
| <input type="checkbox"/> IRA | <input type="checkbox"/> 401(a) |
| <input type="checkbox"/> Roth IRA | <input type="checkbox"/> Non-Qualified CD, Stock* |
| <input type="checkbox"/> SEP-IRA | <input type="checkbox"/> Non-Qualified Mutual Fund* |
| <input type="checkbox"/> Simple IRA | <input type="checkbox"/> Non-Qualified Annuity |

*Transfer is a taxable event.

If this request involves my entire Account balance, my policy is:

- ☐ Enclosed
☐ Lost/destroyed

6. Type of Transfer/Exchange/Rollover

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.)

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 59½ ☐ Disabled
- ☐ Severance from employment on _____
Date (mm/dd/yyyy)

7. Investment Directions

Refer to the Fund List sheet and indicate your preferences below. 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 Code | Fund Name |
|------------|-----------|-----------|
| _____ % | _____ | _____ |
| _____ % | _____ | _____ |
| _____ % | _____ | _____ |
| _____ % | _____ | _____ |
| _____ % | _____ | _____ |
| _____ % | _____ | _____ |
| _____ % | _____ | _____ |
| _____ % | _____ | _____ |
| _____ % | _____ | _____ |
| _____ % | _____ | _____ |

Must Total 100%

For questions please consult with your financial professional.



8. Signatures

As the Owner/Participant, 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 Owner/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 Joint Owner (if applicable) Date (mm/dd/yyyy)

X

Signature of Plan Sponsor or
Third Party Administrator
(if applicable – Please consult your financial professional or employer)

Title

X

Signature of Financial Professional Date (mm/dd/yyyy)

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.

Signature Guarantee:

You can obtain a Signature Guarantee from a bank, broker, or other acceptable financial institution. A Notary Public cannot provide a Signature Guarantee.

X

Signature of Guarantor Date (mm/dd/yyyy)

Title or Name of Institution

Place Signature Guarantee Stamp Here

9. Nationwide Life Insurance Company

Nationwide Life Insurance Company hereby agrees to accept the transfer of the above proceeds.

X

Authorized Signature Date (mm/dd/yyyy)

Title

NEA Valuebuilder Variable Annuity issued by Nationwide Life Insurance Company.

Mail to: Security Benefit • PO Box 750497 • Topeka, Kansas 66675-0497

Fax to: 1-785-438-5177 • Also visit us online at www.neamb.com

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