

Questions? Call our National Service Center at 800.747.3942.

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## Instructions

Use this form to transfer funds from your Security Benefit account to a new carrier.

1. Complete the entire Outgoing Funds Request form.
2. Contact your new carrier for any requirements they may have for transferring money to them.
3. If the transfer amount is over \$25,000 obtain a Signature Guarantee.
4. The documents mentioned above should be mailed to:  
**Security Benefit**  
PO Box 219141  
Kansas City, MO 64121-9141
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.

Charges may apply to withdrawals/transfers. This transaction will be processed as of the valuation date Security Benefit receives the request in proper form.

Please type or print.

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## 1. Provide General Account Information

Plan Number \_\_\_\_\_ Social Security Number \_\_\_\_\_

Participant Name \_\_\_\_\_  
First MI Last

Mailing Address: \_\_\_\_\_  
Line 1 Line 2  
City State Zip Code

Daytime Phone Number \_\_\_\_\_ Mobile/Home Phone Number \_\_\_\_\_

Marital Status:  Single  Married

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## 2. Security Benefit Account Type

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

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

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

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## 3. Accepting Carrier Account Type

Indicate the new account type at the accepting carrier (check one).

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

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

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#### 4. Provide Accepting Carrier Information

**Company Name** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
Line 1 \_\_\_\_\_ Line 2 \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Account Number** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

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#### 5. Accepting Carrier Signature

We hereby agree to accept the transfer of the above proceeds.

X \_\_\_\_\_  
Signature of Authorized Signer Title Date (mm/dd/yyyy)

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#### 6. Required Minimum Distribution (if applicable)

You are responsible for compliance with the Required Minimum Distribution ("RMD") rules, if applicable to your situation. Generally this is required if you are age 70½ or older this year (if you were born before July 1, 1949) or age 72 (if you were born after June 30, 1949) and are unemployed. The RMD must be processed by Security Benefit prior to processing this transfer of funds. Amounts that represent RMDs cannot be rolled over to another qualified plan. Please consult your financial professional.

Please indicate below how you will satisfy the RMD. If no selection is made, the RMD will be distributed to you prior to the transfer.

- Distribute my RMD to me prior to transferring/rolling over my account**  
**Note: The minimum 10% will be withheld for federal income taxes. State income tax will be withheld where applicable.**  
**If you wish to have a larger percentage withheld for federal taxes, please indicate that in this space: \_\_\_\_\_%**
- None of the amount to be transferred/rolled over will include minimum distribution amounts because the requirements for the current year have been met.**
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#### 7. Type of Transfer/Exchange/Rollover

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

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 403(b)(7) to 457, etc.)\***

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

Select one:

- Rollover (not like-to-like, for example 457 to IRA, etc.)\***
- Transfer (like-to-like, for example, 457 to 457, etc.)\***

\*Must complete Section 8.

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## 8. Distribution Requirements (if applicable)

Complete this section only if your request is either a transfer or a rollover. See Section 7.

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

- Age 59½ (applicable to Tax Sheltered Accounts only)**
- Disabled**
- Severance from employment on \_\_\_\_\_ (includes retirement, termination, change of employment)**  
Date (mm/dd/yyyy)
- Plan Termination**
- In-service Distribution (Please consult your Plan Sponsor or financial professional regarding availability)**
- Not applicable. Certain internal transfers within your plan may be permitted without a distributable event. Please consult your financial professional.**

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## 9. Amount

Indicate the amount to be transferred:

- Liquidate my entire Account**
- Liquidate a specified amount: \$ \_\_\_\_\_**

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## 10. Loan Acknowledgment

If your account has an active loan and you are requesting a full withdrawal you must acknowledge the following statement by checking the box below.

- I understand in order to process this full withdrawal request all loans on the account must be paid in full, either by me or through a loan surrender. A loan surrender will result in a taxable event. If the loan is surrendered, a 1099 will be issued after year end, for the amount subject to taxation. This acknowledgment is required or my request will be denied.**

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## 11. Indicate the Reason

Indicate the reason and provide details for this transfer (select all that apply):

- Fund Performance/Interest Rates**
- Fund Variety/Availability**
- Consolidation of Accounts**
- Service \_\_\_\_\_**  
\_\_\_\_\_
- Other \_\_\_\_\_**  
\_\_\_\_\_

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## 12. Provide Signatures

I understand, acknowledge and certify that:

- My request may be subject to a \$25 processing fee.
  - I am solely responsible for all tax obligations arising from this withdrawal/transfer, and for compliance with the laws, regulations and restrictions governing such withdrawals.
  - Failure to follow the rules on a tax-qualified account can jeopardize the tax protected status of the account and result in the imposition of penalties, additional taxes and interest for which I will be solely responsible.
  - Security Benefit is furnishing this form and participating in this transaction as an accommodation to me, and assumes no responsibility or liability for any tax consequences or other effect of this transaction.
  - I am aware of my right to receive information regarding my existing account, including account values.
  - I waive any applicable waiting period required by law before distribution can be made to me.
  - The information provided within this form is accurate and true, including my Social Security number.
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Required Signatures:

- IRA – Owner Only
- 401(a), 401(k) and 403(b)(7) Plans – Both Participant and Plan Sponsor or TPA if applicable (see Section 13)
- 457 Plans – Both Participant and Plan Sponsor or TPA if applicable (see Section 13)

NOTE: If applicable, a signature is required for all irrevocable beneficiaries.

<b>X</b>	_____	_____	_____	_____
	Signature of Participant		Date (mm/dd/yyyy)	
<b>X</b>	_____	_____	_____	_____
	Signature of TPA (if applicable)		Date (mm/dd/yyyy)	
<b>X</b>	_____	_____	_____	_____
	Signature of Plan Sponsor (if applicable)	Date (mm/dd/yyyy)	Title	Participant Vested %
<b>X</b>	_____	_____	_____	_____
	Signature of Financial Professional (optional)	Date (mm/dd/yyyy)	Print Name of Financial Professional	

**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.

**12. Provide Signatures (continued)**

Spousal Consent for ERISA plans:

If you are married and your plan is subject to ERISA, your spouse may be required to complete this section. Please consult with your employer.

I hereby consent to the withdrawal(s) as stated above. I understand that a spouse is guaranteed certain rights to assets in this retirement account by federal law and that these include the right to a pre-retirement survivor's annuity and a joint and survivor annuity and that these rights could be diminished by distributions from this plan.

X \_\_\_\_\_ Date (mm/dd/yyyy)  
Signature of Spouse

X \_\_\_\_\_ Date (mm/dd/yyyy)  
Witnessed by (Notary Public's signature)

Signature Guarantee:

A Medallion Signature Guarantee is required on all accounts if the amount of the transaction is over \$25,000.

A Signature Guarantee is not required if the Financial Professional for your Security Benefit Retirement account has also signed the form.

X \_\_\_\_\_ Date (mm/dd/yyyy)  
Signature of Guarantor



Original paperwork must be submitted in order to process without delay.

**13. Provide TPA Authorization – 403(b)/403(b)(7) accounts only**

This section must be completed by your Third Party Administrator before your request is processed. Please consult your financial professional or employer.

If a separate Third Party Administrator authorization is required and accompanies this request, that authorization will serve as completion of this section. If no such separate authorization is applicable this section must be completed before your request is processed. Check the following box if applicable.

**Third Party Administrator authorization attached.**

If a separate authorization is not provided please complete the following information.

I acknowledge that the employer and accepting carrier have entered into an Information Sharing Agreement.

X \_\_\_\_\_ Date (mm/dd/yyyy) Title  
Signature of TPA

Mail to: Security Benefit Retirement Plan Services, PO Box 219141, Kansas City, MO 64121-9141, Fax to: 1-816-701-7626. For expedited or overnight delivery: Security Benefit Retirement Plan Services, 430 W 7th Street STE 219141, Kansas City, MO 64105-1407. Visit us online at SecurityBenefit.com

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