



Issued by First Security Benefit Life Insurance and Annuity Company of New York. Questions? Call our Customer Service Center at 1-800-888-2461.

### Instructions

Use this form to transfer funds from your current carrier to First Security Benefit Life Insurance and Annuity Company of New York ("FSBL"). Complete the entire form. Please type or print.

1. The Owner should complete this Incoming Funds Request form and any applicable state-required replacement forms.
2. Please contact your current carrier for any requirements it may have for transferring money to another company.
3. Obtain Signature Guarantee if required by your current carrier.
4. The documents mentioned above should be mailed to: **First Security Benefit Life Insurance and Annuity Company of New York**  
Administrative Office  
P.O. Box 750497  
Topeka, KS 66675-0497
5. Upon receiving this material, FSBL will send an acceptance letter to the 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 **First Security Benefit Life Insurance and Annuity Company of New York** for the benefit of the Owner listed on this form and mail to:

**Regular mail:**

Administrative Office  
P.O. Box 750500  
Topeka, KS 66675-0500

**Overnight mail:**

Administrative Office  
Mail Zone 500  
5801 SW 6th Street  
Topeka, KS 66636-0500

### 1. Provide First Security Benefit Account Information

☐ Application Attached or Contract Number \_\_\_\_\_

Name of Owner \_\_\_\_\_  
First MI Last

Mailing Address \_\_\_\_\_  
Street Address City State ZIP Code

Social Security Number/Tax I.D. Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(mm/dd/yyyy)

Daytime Phone Number \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Name of Joint Owner \_\_\_\_\_  
First MI Last

Mailing Address \_\_\_\_\_  
Street Address City State ZIP Code

Social Security Number/Tax I.D. Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(mm/dd/yyyy)

Daytime Phone Number \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Name of Annuitant/Participant \_\_\_\_\_  
(If different from Owner) First MI Last

Mailing Address \_\_\_\_\_  
Street Address City State ZIP Code

Social Security Number/Tax I.D. Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(mm/dd/yyyy)

Daytime Phone Number \_\_\_\_\_ Home Phone Number \_\_\_\_\_

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

- ☐ 403(b) TSA   ☐ Roth IRA   ☐ Roth 403(b) TSA   ☐ Traditional IRA  
☐ Non-qualified Annuity   ☐ SEP-IRA



## 2. Provide Your Current Carrier Information

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

Current Carrier's Name \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Street Address City State ZIP Code

Phone Number \_\_\_\_\_ Account Number for Current Carrier \_\_\_\_\_

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

- |                                       |   |  |  |
|---------------------------------------|---|--|--|
| <input type="radio"/> 401(a)          | <input type="radio"/> 403(b)(7)             | <input type="radio"/> Roth 403(b)(7)                       | <input type="radio"/> 457                                    |
| <input type="radio"/> Roth 403(b) TSA | <input type="radio"/> Non-qualified Annuity | <input type="radio"/> Non-qualified CD, Stock <sup>1</sup> | <input type="radio"/> Non-qualified Mutual Fund <sup>1</sup> |
| <input type="radio"/> Life Insurance  | <input type="radio"/> SEP-IRA               | <input type="radio"/> 401(k)                               | <input type="radio"/> Traditional IRA                        |
| <input type="radio"/> Roth IRA        | <input type="radio"/> Roth 401(k)           | <input type="radio"/> 403(b) TSA                           | <input type="radio"/> Other                                  |

<sup>1</sup>This transfer is a taxable event.

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

- ☐ Annuity   ☐ Bank CD   ☐ Mutual Fund   ☐ Life Policy   ☐ Money Market   ☐ Brokerage Account  
☐ 401(k)/Pension Plan   ☐ Other

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

- ☐ Enclosed   ☐ Lost/destroyed

## 3. Set Up Transfer/Exchange/Rollover Option

Please indicate one of the following.

- ☐ 1035 Exchange: I hereby make complete and absolute assignment and transfer all or the portion specified of my rights, title and interest of every nature and character in and to the Current Carrier Account in Section 2 to FSBL 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 for the portion specified.

If you effect, or have effected, a partial exchange from a previously existing annuity contract with another carrier to an annuity contract with FSBL under IRC Section 1035, any withdrawals from or changes in ownership to your FSBL contract within 180 days of such partial exchange may have adverse tax consequences. Please consult your tax advisor.

- ☐ 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 IRA, etc.)  
☐ Transfer (like-to-like, for example IRA to IRA, prior employer 403(b) Plan to current employer 403(b) Plan)

Please Transfer ☐ Immediately ☐ On date \_\_\_\_\_ (transfer must occur within 30 calendar days from signing date and will be mailed two business days prior to date listed here)  
Date (mm/dd/yyyy)

### Amount

- ☐ Liquidate my entire Account: Estimated Value \$ \_\_\_\_\_  
☐ Liquidate a specified amount: Amount to Transfer \$ \_\_\_\_\_ or % \_\_\_\_\_  
☐ 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)



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

- ☐ Current carrier should distribute my RMD to me prior to transferring/rolling over my account.
- ☐ Current carrier should proceed with the transfer/rollover because the requirements for the current year have been met.

#### 5. Provide Investment Directions

Please invest the funds (check one):

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

The minimum allocation per guarantee period is \$1000. Check with your financial professional as to which Guarantee Periods are available.

_____ % One Year Guarantee Period	_____ % Seven Year Guarantee Period
_____ % Two Year Guarantee Period	_____ % Eight Year Guarantee Period
_____ % Three Year Guarantee Period	_____ % Nine Year Guarantee Period
_____ % Four Year Guarantee Period	_____ % Ten Year Guarantee Period
_____ % Five Year Guarantee Period	<b>Must Total 100%</b>
_____ % Six Year Guarantee Period	



## 6. Provide Signatures

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

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

X	_____ Signature of Owner	_____ 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	_____ Date (mm/dd/yyyy)	
X	_____ Signature of Plan Sponsor or Third Party Administrator (if applicable – Please consult your financial professional or employer)	_____ Date (mm/dd/yyyy)	_____ Title
X	_____ Signature of Financial Professional	_____ Date (mm/dd/yyyy)	_____ Print Name of Financial Professional

## 7. Obtain Signature Guarantee

**Please obtain a Signature Guarantee ONLY if required by your Current Carrier.**

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
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Place Signature Guarantee Stamp Here

## 8. FSBL Acceptance

To be completed by FSBL. FSBL hereby agrees to accept the transfer of the proceeds identified on this form.

X	_____ Signature of Accepting Carrier	_____ Date (mm/dd/yyyy)	_____ Title
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