

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 Transfer form.
2. Please contact your current carrier for any form requirements it may have for transferring money to another company.  
**Note:** If you are 73 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. Upon receiving this material Security Benefit will send this Incoming Fund Transfer Form, along with an acceptance letter to the carrier exchanging/transferring the assets.
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:

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

Enrollment Form attached or Plan Number/Name \_\_\_\_\_

**Name of Participant** \_\_\_\_\_  
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)(7) Pre-Tax	<input type="radio"/> 401(a) Governmental	<input type="radio"/> 401(k) Pre-Tax	<input type="radio"/> 401(a)	<input type="radio"/> Roth 401(k)
<input type="radio"/> Roth 403(b)(7)*	<input type="radio"/> 457(b) Governmental	<input type="radio"/> Roth 457(b) Governmental*	<input type="radio"/> 457(b) Tax Exempt	

**TPA Approval Required**

\*Roth assets can only be transferred to a Roth designated account.

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## 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 Pre-Tax       Roth 403(b)(7)       457(b) Tax Exempt\*       SEP-IRA
- 401(k) Pre-Tax       Roth 403(b) TSA       457(b) Governmental Pre-Tax       Traditional IRA       SIMPLE IRA
- Roth 401(k)       403(b)(7) Pre-Tax       Roth 457(b) Governmental       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.*

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## 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 403(b) to IRA, etc.)
- Transfer (like-to-like, for example, 457 to 457, IRA to IRA, etc.)

**Amount of Transfer/Rollover**

- 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)

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## 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

Place Signature Guarantee Stamp Here

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## Security Benefit Acceptance

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

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

<b>Mail to:</b> Security Benefit Retirement Plan Services P.O. Box 219141 Kansas City, MO 64121-9141 Fax to: 816.701.7626	<b>For expedited or overnight delivery:</b> Security Benefit Retirement Plan Services 430 W. 7th Street STE 219141 Kansas City, MO 64105-1407
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Visit us online at [SecurityBenefit.com](http://SecurityBenefit.com)

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