



# Workplace Retirement Program for Governmental and Educational Employers (CS) 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 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>	<b>For expedited or overnight delivery:</b>
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 Participant \_\_\_\_\_  
First MI Last

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

Social Security/Tax I.D. Number \_\_\_\_\_

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

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

<input type="radio"/> 403(b)(7)	<input type="radio"/> 401(a) Governmental
<input type="radio"/> Roth 403(b)(7)*	<input type="radio"/> 457(b)
	<input type="radio"/> Roth 457(b)*
<b>TPA Approval Required</b>	

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

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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 59½    ☐ Disabled    ☐ Severance from employment on \_\_\_\_\_

Date (mm/dd/yyyy)

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Provide Investment Direction

Refer to the Quarterly Performance sheet and indicate your investment preferences below.

Please invest the funds (check one):

- ☐ As indicated on the enrollment form; 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 or the plan's default option.

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

Must Total 100%

Provide Signatures

As the 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.
- I should contact my advisor to confirm the assessment of redemption fees and the availability of certain funds.

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)

Title

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.

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If you are transferring funds to or from an ERISA Plan or to or from an IRA, your Financial Professional must complete this section and sign below.

THE FOLLOWING REPRESENTATIONS, WARRANTIES, AND CERTIFICATIONS APPLY WITH RESPECT TO THE PROVISION OF FIDUCIARY INVESTMENT ADVICE (AS DEFINED IN SECTION 3(21)(A)(iii) OF THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974, AS AMENDED ("ERISA"), SECTION 4975(e)(3)(B) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED (THE "CODE"), AND GUIDANCE ISSUED BY THE UNITED STATES DEPARTMENT OF LABOR), PROVIDED IN RELATION TO THE TRANSACTION CONTEMPLATED BY THIS FORM, INCLUDING ADVICE TO ROLL OVER (1) THE ASSETS OF A PLAN SUBJECT TO ERISA ("PLAN") TO ANOTHER PLAN, (2) PLAN ASSETS TO AN INDIVIDUAL RETIREMENT ACCOUNT DESCRIBED IN CODE SECTION 4975(e)(1)(B) THROUGH (F) ("IRA"), (3) AN IRA TO A PLAN, OR (4) AN IRA TO ANOTHER IRA

By signing below, I represent, warrant, and certify to Security Benefit that I have complied with the United States Department of Labor's Prohibited Transaction Exemption (PTE) 2020-02, in connection with the transaction contemplated by this form.

Without limiting the generality of the foregoing, I represent, warrant, and certify to Security Benefit that I:

- (1) acted in accordance with the "Impartial Conduct Standards," including:
  - a. the investment advice I provided regarding the transaction was in the Participant's best interest;
  - b. the combined total of all fees I have received and will receive for my services does not exceed reasonable compensation within the meaning of ERISA Section 408(b)(2) and Section 4975(d)(2) of the Code; and
  - c. I made no materially misleading statements to the Participant with respect to the recommended transaction and other relevant matters.
- (2) made the following written disclosures to the Participant:
  - a. an acknowledgment that I (and my supervising financial institution) am a fiduciary for purposes of ERISA and Section 4975 of the Code;
  - b. a description of the services to be provided and my and my financial institution's material conflicts of interests, that is accurate and not misleading in any material respect; and
  - c. Effective July 1, 2022 or as otherwise mandated by the United States Department of Labor, if my advice involved a rollover recommendation, documentation of the specific reasons for that recommendation.
- (3) am not ineligible to rely on PTE 2020-02; and
- (4) am in compliance with all applicable conditions of PTE 2020-02.

Additionally, I acknowledge that neither Security Benefit nor any of its affiliates is a fiduciary with respect to the Participant's transaction.

X

Signature of Financial Professional (Optional)

Date (mm/dd/yyyy)

Print name of Financial Professional

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

<b>X</b>	Signature of Guarantor	Date (mm/dd/yyyy)	Title or Name of Institution
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To be completed by Security Benefit. Security Benefit hereby agrees to accept the transfer of the proceeds identified on this form.

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