

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. Please contact your current carrier for any form requirements it may have for transferring money to another company.
Note: If you are 72 and are unemployed, the Required Minimum Distribution must be completed by the current carrier prior to requesting this transfer of funds.
2. Obtain Signature Guarantee if required by your current carrier.
2. Upon receiving this material, Security Benefit will send an acceptance letter to the carrier.
4. 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:

Mail to:	For expedited or overnight delivery:
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 _____

Day Time 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"/> Traditional IRA
<input type="radio"/> 403(b)(7) Roth*	<input type="radio"/> Roth IRA
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).

- | | | | |
|--|---|----------------------------------|-----------------------------------|
| <input type="radio"/> 401(a) | <input type="radio"/> 457(b) Governmental | <input type="radio"/> Roth IRA | <input type="radio"/> 401(k) |
| <input type="radio"/> 403(b)(7) / 403(b) | <input type="radio"/> Roth 457(b) | <input type="radio"/> SEP IRA | <input type="radio"/> Roth 401(k) |
| <input type="radio"/> Roth 403(b)(7) / Roth 403(b) | <input type="radio"/> Traditional IRA | <input type="radio"/> SIMPLE 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

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 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 59 ½ ☐ Disabled ☐ Severance from employment on _____
Date (mm/dd/yyyy)

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Provide Investment Direction.

Please invest the funds (check one):

- ☐ As indicated on my existing account and 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 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.

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 employer)

Date (mm/dd/yyyy)

Title

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

X	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.

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