



Questions? Call our National Service Center at 1-800-747-3942.

Instructions

Please type or print.

Use this form to transfer funds from your Security Benefit account to a new carrier. Please complete the entire form.

1. Complete this Outgoing Funds Request form.
2. Please 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
P.O. Box 55976
Boston, MA 02205-5976
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.

1. Provide General Account Information

Plan Number 613745000 Social Security Number _____

Participant Name _____
First MI Last

Mailing Address _____
Street Address City State ZIP Code

Daytime Phone Number _____ Home Phone Number _____

Marital Status: ☐ Single ☐ Married

2. Security Benefit Account Type

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

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

3. Accepting Carrier Account Type

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

- | | | | | |
|-----------------------------------|---------------------------------------|--|--|----------------------------------|
| <input type="radio"/> 401(a) | <input type="radio"/> 403(b) TSA | <input type="radio"/> Roth 403(b)(7) | <input type="radio"/> 457(b) Tax Exempt* | <input type="radio"/> Roth IRA |
| <input type="radio"/> 401(k) | <input type="radio"/> Roth 403(b) TSA | <input checked="" type="radio"/> 457(b) Governmental | <input type="radio"/> Non-Qualified | <input type="radio"/> SEP-IRA |
| <input type="radio"/> Roth 401(k) | <input type="radio"/> 403(b)(7) | <input type="radio"/> Roth 457(b) | <input type="radio"/> Traditional IRA | <input type="radio"/> SIMPLE IRA |

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

Please Continue ➞

4. Provide Accepting Carrier Information

Company Name FIDELITY

Mailing Address P.O Box 770002 Cincinnati, OH 45277-0090
Street Address City State ZIP Code

Account Number 94055

Phone Number 800-343-0860

5. Accepting Carrier Signature

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

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

6. Required Minimum Distribution (if applicable)

Only complete this section if you must satisfy your Required Minimum Distribution ("RMD") prior to transferring/rolling your funds. The RMD must be completed by Security Benefit prior to requesting this transfer of funds. Generally this is required if you are age 70½ or older this year and are unemployed. Please consult your financial representative.

Please indicate below how you will satisfy the RMD:

- ☐ Distribute my RMD to me prior to transferring/rolling over my account
- ☐ None of the amount to be transferred/rolled over will include minimum distribution amounts because the requirements for the current year have been met.

7. Type of Transfer/Exchange/Rollover

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

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

Please 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.

Please Continue ➞

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 representative regarding availability)
- ☐ Not applicable. Certain internal transfers within your plan may be permitted without a distributable event. Please consult your financial representative.

9. Amount

Please indicate the amount to be transferred:

- ☒ Liquidate my entire Account
- ☐ Liquidate a specified amount: \$ _____
- ☐ Transfer over _____ years ☐ Monthly ☐ Quarterly ☐ Semi-annually ☐ Annually

10. Loan Acknowledgement

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 acknowledgement is required or my request will be denied.

11. Indicate the Reason

Please 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 EMPLOYER SWITCHING TO ANOTHER PROVIDER

Please Continue ➞

12. Provide Signatures


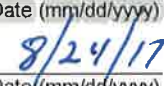
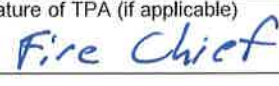
I understand, acknowledge and certify that:

- 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.

Required Signatures:

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

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

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

Spousal Consent for Community Property States: If the owner/participant is a resident of AZ, CA, ID, LA, NM, NV, TX, WA or WI, spousal consent is required, unless the owner/participant has no legal spouse.

X _____
Signature of Spouse _____ Date (mm/dd/yyyy)

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 _____
Signature of Spouse _____ Date (mm/dd/yyyy)

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

Signature Guarantee:

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

X _____
Signature of Guarantor _____ Date (mm/dd/yyyy)

Medallion Signature Guarantee Stamp

Please Continue ➞

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 representative 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

Signature of TPA

Date (mm/dd/yyyy)

Title

Mail to:

Security Benefit
P.O. Box 55976
Boston, MA 02205-5976
Fax to: 1-816-701-7626

Overnight delivery:

Security Benefit
30 Dan Road Suite #55976
Canton, MA 02021-2809

Visit us online at www.securityretirement.com