

Rollover/Outgoing Funds Transfer

Questions? Call Scarborough at 1-800-223-7608.

Instructions

Use this form to transfer funds from your Local Union IRA account to a new carrier. Please complete the entire form.

1. Complete this Outgoing Funds Transfer form and any applicable state-required replacement forms.
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:

Scarborough Securities
One Bridge Street
Irvington, NY 10533

This transaction will be processed as of the valuation date Security Benefit receives the request in proper form. Please type or print.

1. Provide General Account Information

Plan Number 132014

Name of Owner/Participant _____
First MI Last

Mailing Address _____
Street Address City State ZIP Code

Social Security Number/Tax I.D. Number _____

Daytime Phone Number _____ Home Phone Number _____

2. Security Benefit Account Type

Please indicate the account type you currently have at Security Benefit:

Traditional IRA Roth IRA

3. Accepting Carrier Account Type

Please indicate the new account type at the accepting carrier:

Traditional IRA Roth IRA 401(k) Roth 401(k) Other _____

Please Continue...

4. Provide Accepting Carrier Information

Company Name _____

Mailing Address _____
Street Address City State ZIP Code

Account Number _____

Phone Number _____

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 70^{1/2} 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
- The minimum distribution requirements for the current year have been met.

7. Type of Transfer/Rollover

Please select one:

- Rollover (not like-to-like, for example IRA to 401(k))
- Transfer (like-to-like, for example, IRA to IRA)

9. Amount of Transfer/Rollover

Please indicate the amount to be transferred:

- Liquidate my entire Account: Estimated Value \$ _____
- Liquidate a specified amount: Amount to Transfer \$ _____

Please Continue...

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 _____

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 contract, including contract 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 tax identification number.

Required Signatures:

X _____

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)

Signature Guarantee:

A Signature Guarantee is required on all accounts if the withdrawal is \$25,000 or more.

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

Signature Guarantee Stamp