

Transfer/rollover request form



Sammons Institutional Group®, Inc. (SIG) Account Number:

Mail to: P.O. Box 9261, Des Moines, IA 50306-9261

Overnight: 8300 Mills Civic Pkwy, West Des Moines, IA 50266-3833

Phone: 1-866-747-3421 | Email: SecuritiesNB@sfgmembers.com

Instructions

Use this form to:

- Authorize the SIG Traditional IRA, Rollover IRA, Roth IRA, SIMPLE IRA, or SEP-IRA Custodian (or its agent) to initiate a transfer of your existing IRA directly from another custodian and to invest the transferred assets in a SIG IRA.
- Make a direct rollover of your eligible retirement plan distribution to a SIG Traditional, Rollover, or Roth IRA.

1. Current trustee or custodian information

Complete all fields in this section. Include the street address and phone number for the current company. You must provide the actual street address; no PO boxes.

Name of transferor trustee or custodian			Account or contract number
Overnight mailing address (No PO boxes)			
Street address			Receiving company fax number
City	State	ZIP	Phone number
Surrendering plan type (IRA, Roth IRA, etc.)	Surrendering product type (Life, annuity, CD, other)		Estimated transfer amount \$

2. Account holder's information

Account holder's name (first, middle initial, last)	Social Security number
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3. Transfer/rollover instructions

SIG does not accept ACAT or in-kind transfers. Use this form as authorization to liquidate the shares and transfer funds to us in cash.

The Surrendering Company may require their own specific forms to be completed. Clients with employer-sponsored plans may need to contact their former employer to initiate the transfer/rollover and to receive future status updates.

By completing and signing this form, I authorize the full or partial liquidation of my existing contract or account identified above. I hereby instruct the parties to process the liquidation as follows:

Please transfer (select one):

☐ All

☐ Partial* \$ _____ or % _____

***NOTE:** If you would like the transfer processed from specific fund allocations, please complete the table in Section 4.

Please transfer (select one):

☐ Immediately

☐ Mail transfer paperwork on: _____ (Date referenced cannot exceed 30 calendar days from today's date.)

NOT FDIC/NCUA INSURED, MAY LOSE VALUE INCLUDING LOSS OF PRINCIPAL, NO BANK/ CU GUARANTEE, NOT A DEPOSIT, NOT INSURED BY ANY FEDERAL GOVERNMENT AGENCY.

4. Partial transfers and liquidations

Complete this section if assets are being partially transferred. If you do not list specific fund(s), your distribution will be taken Pro Rata. Not required for full liquidations.

Quantity	Asset description	CUSIP/ Symbol	Account number	Transfer Instructions	Dividends	Capital Gains	Estimated value
				Liquidate	Cash	Cash	
				Liquidate	Cash	Cash	
				Liquidate	Cash	Cash	
				Liquidate	Cash	Cash	
				Liquidate	Cash	Cash	
				Liquidate	Cash	Cash	
				Liquidate	Cash	Cash	

5. Transaction authorization and signatures

I am aware of any surrender/withdrawal penalties, which may apply, and I authorize the transaction described above. This transfer request also authorizes Sammons Institutional Group®, Inc. (SIG) to receive information on the status of this transfer.

The undersigned represents and agrees that SIG is participating in this transaction at the undersigned's specific request and as an accommodation to the undersigned. It is further agreed that neither SIG; its directors, officers, employees, agents, nor any person acting on behalf of SIG warrants or represents the income tax consequences of this transaction. I have been advised by SIG, and/or its officers, agents, employees, or persons acting on SIG's behalf that I should consult and rely upon our own tax and legal advisers regarding the tax consequences of this transaction. I have not relied on SIG or any representative of SIG for tax or legal advice.

I agree to release, indemnify, and hold harmless SIG, its directors, officers, employees, agents, parents, subsidiaries, and affiliates, and their directors, officers, employees, and agents (SIG), as transfer agent, from and against any and all claims, liabilities, damages, costs, charges, and expenses, including reasonable attorney fees, sustained or incurred by reason of any claim, litigation, arbitration, or other proceeding arising as a result of SIG's transfer of the above-referenced funds at my request. **Without limiting the foregoing, I specifically acknowledge and agree that SIG shall not be responsible for any loss due to market fluctuations that I incur as a result of any delay in the transfer of such funds and acknowledge and agree that it is my responsibility to request the transferring company to transfer these funds to the fixed or general account of the annuity, mutual fund, or other investment product from which the transfer is being made pending the processing and completion of this request.**

Community Property Interest

If this transaction is subject to community property interest, we strongly recommend that you obtain your spouse's signature on the line below to document his/her consent to this transaction. States that recognize community property interests in property held by married persons include: Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, and Wisconsin. You understand and agree that SIG ("the Company") may presume that no community property interest exists if you have not obtained your spouse's signature below. Further, you understand and agree that the Company has no duty to inquire further about any such community property interest. As a result, you agree to indemnify and hold the Company harmless from any consequences relating to community property interests and this transaction. Please note the term "spouse" includes domestic partner or other partner as permitted by civil union, domestic partnership, or similar law.

CA Residents: For your protection: California law requires the following to appear on this form.

Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Account Holder's signature	Date signed (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>
Spouse's signature (Only applicable if the Account Holder resides in: AK, AZ, CA, ID, LA, NV, NM, TX, WA, or WI)	Date signed (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>

6. Medallion signature guarantee

A Medallion Signature Guarantee may be required by the Surrendering Company.

A Medallion Signature Guarantee may be obtained from any eligible guarantor institution, as defined by the U.S. Securities and Exchange Commission. These institutions include banks, savings associations, credit unions, and brokerage firms that participate in the Medallion Program. The bar-coded stamp with the words "MEDALLION GUARANTEED" must be stamped near each signature being guaranteed. The guarantee must appear with the name of the guarantor institution and the signature of an individual authorized on behalf of the guarantor institution. Note that a Notary Public stamp or seal is not acceptable.

Use this space for Medallion Signature Guarantee if required.

TSA/403(b) Employer/Administrator Authorization

I hereby approve the above referenced request:

☐ Approval form/certificate attached

Signature of employer/authorized administrator:	Title:	Date signed (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>

7. Acceptance of transfer/direct rollover

By signature of an authorized officer below, the receiving company accepts assignment of all (or a portion of the assets if this is a partial exchange) to the above contract for purposes of complying with the client's intention of effecting a nontaxable exchange under IRC Section 1035. Please issue payment payable to the receiving company, the owner of the contract, for the full cash surrender value of the contract or a portion if it is a partial surrender.

For Trustee Transfers / Direct Rollovers from Tax-Qualified Accounts / Contracts

The receiving company will deposit funds received into a: _____

Print name of Authorized Officer	Title of Authorized Officer
<input type="text"/>	<input type="text"/>

Signature of Authorized Officer (if applicable – may not be required if LOA is used)	Date signed (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>

8. Delivery instructions

By Check

UMB Bank NA
FBO: Account Holder name, Account Number¹
P.O. Box 9261, Des Moines IA 50306-9261

By Wire

Account Number: 9871990133 Routing Number: 101000695
Reference: Account Holder Name, Account Number¹
Bank: UMB Bank - Kansas City, 928 Grand, Kansas City, MO 64108

¹ The account number is located at the top of page one of this form.

UMB Bank n.a. is the custodian for the LiveWell® Mutual Fund IRA Series. The mutual funds offered through the LiveWell® Mutual Fund IRA Series are made available through Sammons Financial Network®, LLC., member FINRA, 8300 Mills Civic Parkway, West Des Moines, IA 50266. Information about the LiveWell® Mutual Fund IRA Series and its funds can be obtained by calling 866-747-3421.

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