



Contract/Account # \_\_\_\_\_

**Rollover, Transfer, Exchange to Horace Mann**

103/ANNRPLROLL

**Submission options: P.O. Box 4657, Springfield, IL 62708-4657 • Fax: 877-832-3785****A. Client Information**

Name: \_\_\_\_\_ Last four digits of SSN: \_\_\_\_\_ Email: \_\_\_\_\_

**B. Other Provider/Company Information**

Other provider/company contract/account #: \_\_\_\_\_

Employer Name (associated with **other provider/company** account): \_\_\_\_\_

Other Provider Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Other Provider Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Other Provider Email: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**For Horace Mann agent completion only**

E-Signature Conditions: \_\_\_\_\_

Line of Business: \_\_\_\_\_ Location ID: \_\_\_\_\_ E-Signature Allowed: ☐ Yes ☐ No**C. Transaction Information**

I request to rollover, transfer, or exchange my contract/account listed above to Horace Mann. I certify that I have signed an application for a new account or own an existing account with Horace Mann Life Insurance Company (HMLIC) or Horace Mann Service Corp (HMSC). **For Questions 1-5, please only complete one based on the transaction type of your request.**

1. ☐ **403(b) or 457(b) or 401(a) Exchange** (no change in employment; change in product provider only)
2. ☐ **Direct Transfer** (Trustee to Trustee transfer)

**Transfer Type (select one):**

- ☐ IRA to IRA ☐ Roth IRA to Roth IRA ☐ 403(b) to 403(b) ☐ 457(b) to 457(b)
- ☐ SEP IRA to SEP IRA ☐ SIMPLE IRA to SIMPLE IRA ☐ Inherited IRA to Inherited IRA
- ☐ Inherited Roth IRA to Inherited Roth IRA

3. ☐ **Direct Rollover** (qualifying event – **select one**): ☐ 59 ½ ☐ Separation from Service (Date: \_\_\_\_\_) ☐ Disability

**Other Provider/Company Account Type (select one):**

- ☐ 403(b)/403(b) Roth ☐ IRA ☐ Roth IRA
- ☐ 457(b)/457(b) Roth ☐ 401(k)/401(k) Roth ☐ 401(a)
- ☐ Pension/STRS ☐ SIMPLE IRA ☐ SEP IRA
- ☐ Other \_\_\_\_\_

**HMLIC/HMSC Account Type (select one):**

- ☐ 403(b)/403(b) Roth ☐ IRA ☐ Roth IRA
- ☐ 457(b)/457(b) Roth ☐ 401(a) ☐ SEP IRA
- ☐ SIMPLE IRA ☐ Inherited IRA
- ☐ Inherited Roth IRA

**Are pre-tax funds moving into a Roth Account?**☐ Yes ☐ No

If yes, converting from a tax-deferred account type to a Roth is considered a taxable event and will be considered income for that year. Please consult with your tax professional prior to requesting a conversion.

4. ☐ **Non-Qualified, Non-Insurance Product into Annuity:** I am requesting to liquidate and transfer the proceeds from my non-qualified, non-insurance account. (Please Note: This transaction may cause a taxable event, consultation with your tax advisor is recommended.)
5. ☐ **Non-Qualified Insurance Product Section 1035 Exchange into an Annuity:** To satisfy the requirements of Section 1035(a) of the Internal Revenue Code of 1986 as amended, I hereby irrevocably assign the contract represented by policy # \_\_\_\_\_, in exchange for a non-qualified annuity contract issued by HMLIC.

**D. Client authorization to transfer, exchange or rollover — important tax information**

Note: Current tax laws are subject to change. You should consult your own tax advisor if you have any questions about the tax treatment of this transfer, exchange, or rollover. Horace Mann is not responsible for the tax consequences of this transaction.

- I certify I am not transferring, exchanging, or rolling over any after-tax contributions, except from a Designated Roth Account, from a qualified plan.
- I certify if I am 73 that the amount to be transferred, rolled over or exchanged will not include any required minimum distribution pursuant to the Internal Revenue Code.
- I have reviewed and discussed all contract penalties and/or fees associated with this transfer, exchange, or rollover with my agent.
- I grant consent to the present company/custodian to release information related to the contract(s) being replaced to representatives of Horace Mann Life Insurance Company/Horace Mann Service Corporation.
- I have reviewed any/all tax consequences associated with this transaction.
- I certify that I have not enclosed the contract being replaced and if lost or stolen, I do not have a claim to it even if located at a later date.

**Community property/marital property:**

If you are or were a resident of a community property state, a spouse or former spouse may have an interest in your policy. A spouse or former spouse also may have an interest in your policy under the terms of a property settlement agreement or divorce decree. It is your responsibility to consult a legal adviser to determine if you need the consent of a spouse or former spouse to the change or transaction requested on this form, and to obtain such consent if required. Horace Mann shall be entitled to rely on its good faith belief that no such consent is required, or that such consent has been obtained, and assumes no duty or responsibility for inquiry. By signing this form, you represent to Horace Mann either that no such consent is required, or that such consent has been obtained, and you agree to indemnify Horace Mann against and hold Horace Mann harmless from the consequences of processing this form in reliance on your representation, including but not limited to any claim made against Horace Mann by a spouse or former spouse.

**IMPORTANT NOTICE** – This form is not valid without the acceptance of the Horace Mann Companies.

**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.**

Client signature: \_\_\_\_\_ Date: \_\_\_\_\_

Joint signature (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

**E. Plan Administrator or third-party administrator's approval**

Printed name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**F. Payment Instructions to Rollover, Transfer, or Exchange after Acceptance**

**Liquidate and transfer/exchange amounts excluding any outstanding loan balances.**

**Select One:** ☐ Full ☐ Partial ☐ Amount not subject to penalty

Expected Withdrawal Amount: \$ \_\_\_\_\_

Are these funds part of a periodic payout?

- ☐ Yes – Select a frequency: ☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually
- ☐ No

**Please select only one:**

- ☐ I have an **Annuity Contract (HMLIC)** – (ex. 10-digit account starting with 05)

**Make check payable to:** Horace Mann FBO: \_\_\_\_\_ (Client Name)

Contract # \_\_\_\_\_ (Horace Mann Contract Number)

**Mail to:** P.O. Box 4657  
Springfield, IL 62708-4657

- ☐ I have a **Retirement Advantage Acct (HMSC)** – (ex. 10-digit account starting with MF or 19-digit account starting with 4)

**Make check payable to:** Matrix Trust Company FBO: \_\_\_\_\_ (Client Name)

Contract # \_\_\_\_\_ (Horace Mann Contract Number)

**Mail to:** P.O. Box 3263  
Springfield, IL 62708-3263

## G. Allocation Instruction (Annuity Only)

1. **If no selection is made, current allocations will apply.** Please review the [Investment Options Reference Guide](https://www.horacemann.com/-/media/Project/Horace-Mann/Public-Site/files/Retirement-resources-and-microsite-files/IA-004601-Product-Information.pdf) (<https://www.horacemann.com/-/media/Project/Horace-Mann/Public-Site/files/Retirement-resources-and-microsite-files/IA-004601-Product-Information.pdf>) for specific investment option information for your Horace Mann product type.

- ☐ Apply to my existing Allocations
- ☐ Apply 100% to Fixed Account
- ☐ Apply as follows (use whole percentages and total 100%):

Investment Name/Fund #	Percentage	Investment Name/Fund #	Percentage

**Total: 100%**

2. **Dollar Cost Average Option (DCA):** The below instructions will apply to the funds allocated to the fixed account. At least some portion of the transaction must be allocated to the fixed account (either current allocations or a fixed option is selected/allocated above).

Do you want to utilize DCA for your account? ☐ Yes ☐ No

If DCA is elected:

- If a partial amount is selected, the amount not subject to DCA will remain in the fixed account.
- If no portion of the funds are allocated to the fixed account in G1, the DCA option will not be established.
- Total amount cannot exceed 100% (Example 40% \* 3 months = 120% total)

a) Select a DCA amount:

- ☐ Full Amount (100% moved over the monthly option selected below)
- ☐ Partial \_\_\_\_\_ % each month **or** \$\_\_\_\_\_ amount each month

b) Select over how many months: ☐ 3 months ☐ 6 months ☐ 12 months

Total Amount: \_\_\_\_\_ % or \$\_\_\_\_\_

- c) **The Total Amount indicated above will be moved to allocations below over the period selected. Provide the percentage/allocation(s) below. These selected allocation(s) below must total 100%:**

\_\_\_\_\_ % to \_\_\_\_\_      \_\_\_\_\_ % to \_\_\_\_\_      \_\_\_\_\_ % to \_\_\_\_\_      \_\_\_\_\_ % to \_\_\_\_\_

\_\_\_\_\_ % to \_\_\_\_\_      \_\_\_\_\_ % to \_\_\_\_\_      \_\_\_\_\_ % to \_\_\_\_\_      \_\_\_\_\_ % to \_\_\_\_\_

**Total: 100%**