

**Horace Mann Investors, Inc.**

P.O. Box 4511  
Springfield, Illinois 62708-4511  
Fax: 217-541-8370

**Retirement Advantage Exchanges/Rollovers/Transfers (In) Request Form**

Employer Name (if applicable): \_\_\_\_\_

Account:     403(b)/ 403(b) Roth Account     457(b)/ 457(b) Roth Account     401(a) Account  
                   IRA Account                                    Roth IRA Account*Please note: you must submit a separate form for each account.***1. Account Owner Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Last 4 of SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**2. Type of Transaction Request**

Select one of the following and complete all subsequent sections. I understand that my incoming money will be applied according to my current allocations. **Indirect rollovers are not allowed.**

A.  Account Exchange (In) – From another approved Provider to Retirement Advantage\***\*This section is not applicable for IRA or IRA Roth**

1. Type of Current Retirement Account You Are Transferring From

 403(b) Account                    457(b) Account  
 403(b) Roth Account            457(b) Roth Account

2. You must complete the information below:

Name of Previous Provider: \_\_\_\_\_

Account # at Previous Provider: \_\_\_\_\_

Roth Balance \$ \_\_\_\_\_

Total Employee Roth Contributions \$ \_\_\_\_\_

Date of 1st Roth Contribution \_\_\_\_\_

Pre-Tax Balance \$ \_\_\_\_\_

Total Employee Pre-Tax Contributions \$ \_\_\_\_\_



B.  Rollover from another retirement plan/account to Retirement Advantage

1. Type of Current Retirement Account You Are Transferring From

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

2. You must complete the information below:

Name of Previous Provider: \_\_\_\_\_

Account # at Previous Provider: \_\_\_\_\_

Roth Balance \$ \_\_\_\_\_

Total Employee Roth Contributions \$ \_\_\_\_\_

Date of 1st Roth Contribution \_\_\_\_\_

Pre-Tax Balance \$ \_\_\_\_\_

Total Employee Pre-Tax Contributions \$ \_\_\_\_\_

C.  Trustee-to-Trustee Transfer (For IRA and Roth IRA only):

1. Type of Account Transferred from:     IRA Account     Roth IRA Account

2. Former Provider/Trustee/Custodian Information

Name of Provider/Trustee/Custodian \_\_\_\_\_

Account # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

D.  Roth IRA Conversion

Money is from:     IRA       SEP IRA       SIMPLE IRA

**3. Instructions to Former Trustee/Custodian (Investment Provider)**

Liquidate/Surrender immediately from the account listed above as follows

 All

or

 Partial: Specify amount \$ \_\_\_\_\_**Please make the transfer/rollover check payable to:**Matrix Trust Company FBO: \_\_\_\_\_  
(Account Owner's Name)**Account #: TPA000395**  
**Mail to: Matrix Trust Company**  
**P.O. Box 46546**  
**Denver, CO 80201****4. Account Owner Authorization and Signature for Exchanges/Rollovers to Retirement Advantage**

I have established a 401(a), 457(b), 457(b) Roth, 403(b), 403(b) Roth, IRA, and/or IRA Roth with Horace Mann Investors, Inc. Please disburse my account as indicated in Section 3.

X \_\_\_\_\_  
Account Owner's Signature\_\_\_\_\_  
Date

\*\* Remember an investment account with the Retirement Advantage Platform must be established prior to or concurrently with the transfer of assets. Failure to have investment allocations on file will result in the delay in allocating your account balance or in the return of the assets to the prior Custodian/Recordkeeper. \*\*

**5. Employer/TPA Authorization and Signature (for 403(b), 403(b) Roth, 457(b), 457(b) Roth, and 401(a) accounts)**

I as Authorized Plan Administrator certify that (1) this transaction is in accordance with the terms of the plan; (2) the Participant has been provided with all required explanations of the taxation rules regarding this transaction, (3) the record keeper is entitled to rely on our authorization and is hereby indemnified from all liability arising from following our instructions.

X \_\_\_\_\_  
Printed Name of Authorized Plan Administrator\_\_\_\_\_  
Signature of Authorized Plan Administrator\_\_\_\_\_  
Date**6. A Horace Mann Registered Representative recommended this transaction**  Yes  NoIf yes, X \_\_\_\_\_  
Printed Name of Registered Representative\_\_\_\_\_  
Signature of Registered Representative\_\_\_\_\_  
Date



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**7. How to Submit Your Request**

If you have any questions about this form, please call The Retirement Advantage team at (877) 602-1870, between 8:00 am CST and 5:00 pm CST.

Please return this completed form to HMII for processing either via mail or fax as follows:

HMII Retirement Advantage  
P.O. Box 4511  
Springfield, IL 62708-4511

OR Fax Number (217) 541-8370