

**If you have any questions about this form, please call the Contact Center at 800-677-2363.**

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. Client Information

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Last 4 of SSN: \_\_\_\_\_ Date of birth: \_\_\_\_\_

## 2. Previous Provider Information

Name of Provider/Trustee/Custodian \_\_\_\_\_ Account #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

## 3. 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/403(b) Roth Account     457(b) Account/457(b) Roth Account

**2. You must complete the information below:**

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. Qualifying Event:**

59 ½

Disability

Death

Separation from Service: (Enter Termination Date) \_\_\_\_\_

2. Type of Current Retirement Account You Are Transferring From:

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

3. You must complete the information below:

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):

Type of Account Transferred from:     IRA Account     Roth IRA Account

D.  Roth IRA Conversion:

Money is from:     IRA     SEP IRA     SIMPLE IRA

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

Liquidate/Surrender immediately from the account listed above as follows:

- All
- Partial: Specify Amount \$: \_\_\_\_\_

**Please make the check payable to:**

Matrix Trust Company FBO: (Account Owner's Name) \_\_\_\_\_

**Account #: TPA000288 (Please reference in the memo line of the check.)**

**Mail to: Matrix Trust (DEN)**

**Attn: TPA 000288**

**P.O. Box 3595**

**New York, NY 10008-3595**

**5. Account Owner Authorization and Signature for Exchanges/Rollovers to Retirement Advantage**

**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.**

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

Account Holder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse's Signature\*: \_\_\_\_\_ Date: \_\_\_\_\_

**\*Required in the Community Property States of AZ, CA, ID, LA, NM, NV, TX, WA, and WI.**

**\*\* 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. \*\***

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

A plan administrator's signature/authorization is required for all 403(b), 457(b) and 401(a) accounts. As the plan administrator, I authorize this request. I certify that I am authorized to act on behalf of the employer listed below. I have reviewed all records and have obtained all documentation required by the plan and certify that this transaction is authorized under the plan document.

Name of Employer or Third Party Administrator: \_\_\_\_\_

TPA/Plan Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**7. A HMII Registered Representative recommended this transaction**

Yes     No

**If yes:**

Printed Name of Registered Representative: \_\_\_\_\_

Signature of Registered Representative: \_\_\_\_\_ Date: \_\_\_\_\_

**8. How to Submit Your Request**

**Please return this completed form to BCG/HMSC for processing either via mail or fax as follows:**

**Mail:**

BCG  
51 Haddonfield Road Suite 200  
Cherry Hill, NJ 08002

**Fax Number:** 217-541-8370