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QUALIFIED RETIREMENT ACCOUNT TRANSFER/DIRECT ROLLOVER

DIRECT TRANSFER DIRECT ROLLOVER

INSTRUCTIONS: Please print or type. Submit the original of this form with current policy/contract, any required replacement form, application and illustration. A copy of this form should be left with the applicant.

CLIENT INFORMATION:

NAME:		STREET ADDRESS:	
SOCIAL SECURITY NO.:		CITY/STATE/ZIP CODE:	
ACCOUNT NO.:		PHONE NO.:	BIRTHDATE:
CURRENT PLAN TYPE: <input type="checkbox"/> IRA <input type="checkbox"/> 401K/403B <input type="checkbox"/> SEP IRA <input type="checkbox"/> ROTH IRA <input type="checkbox"/> OTHER			

CURRENT TRUSTEE/CUSTODIAN/FINANCIAL INSTITUTION:

NAME:	PHONE NO.:
STREET ADDRESS:	CITY/STATE/ZIP CODE:

QUALIFIED TRANSFER/DIRECT ROLLOVER INSTRUCTIONS:

DIRECTLY TRANSFER ALL <input type="checkbox"/> OR PART <input type="checkbox"/> AMOUNT (_____) OF MY ACCOUNT.		<input type="checkbox"/> LIQUIDATE IMMEDIATELY <input type="checkbox"/> LIQUIDATE AT MATURITY
THIS TRANSFER SHOULD BE PLACED IN A: <input type="checkbox"/> TRADITIONAL IRA <input type="checkbox"/> SEP IRA <input type="checkbox"/> ROTH IRA		
CHECK SHOULD BE MADE PAYABLE TO: SONS OF NORWAY FBO OF _____		
<input type="checkbox"/> I HAVE ENCLOSED THE ANNUITY CONTRACT.		
LOST POLICY CERTIFICATION: <input type="checkbox"/> AFTER A THOROUGH SEARCH, I CERTIFY THAT THE ANNUITY CONTRACT HAS BEEN LOST OR DESTROYED		

SIGNATURES: I authorize the transfer/rollover of the above named contract(s)/account(s) in the manner described and certify that all of the information provided by me is correct and may be relied on by the custodian or issuer of the new contract. I understand that I am responsible for determining my eligibility to transfer/rollover the funds within the limits set forth by tax laws, related regulations and plan agreement.

 Contract/Account owner Witness Date

MEDALLION SIGNATURE GUARANTEE: If required by current custodian. Sons of Norway recommends you call the current custodian to ask what they require. This will help expedite your request.

MEDALLION SEAL

 Signature Date

REQUIRED MINIMUM DISTRIBUTION (RMD): CHOOSE ONE:

- I authorize and direct the current Custodian or Trustee to distribute to me my RMD for the current year prior to transferring my assets.
- I authorize Sons of Norway to calculate and distribute my RMD for the current year from the amount transferred.
- I plan to satisfy my RMD from an IRA other than the account being transferred. I understand that I am responsible for any tax penalties or other consequences that result from failure to take my RMD in accordance with IRS regulations.

ACCEPTANCE OF TRANSFER/ROLLOVER: Our organization agrees to accept the assets being transferred. Please liquidate the above referenced policy/account and submit a check to Sons of Norway at the address above.

_____ Authorized Signature	_____ Title	_____ Date
_____ Authorized Signature	_____ Title	_____ Date

#309 (05/13) Signed Original Copy-Headquarters Photocopy-Applicant Photocopy-FBC