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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