



Retirement Advantage Exchanges In Request Form – Topeka 403(b) Plan

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

Employer Name (if applicable): _____

Account: 403(b)/403(b) Roth Account / Topeka 403(b) Plan

Please note: A separate form must be submitted for each account.

1. Account Owner 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 Number _____

Address _____ City _____ State _____ Zip _____

Phone Number _____ 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*

1. Type of Current Retirement Account You Are Transferring From within the Topeka plan:

403(b) Account/403(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: \$ _____

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 transfer/rollover check payable to:

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

Account #: TPA000288

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 to Retirement Advantage

I have established a 403(b) and/or 403(b) Roth in the Topeka 403(b) Plan with Horace Mann Service Corporation. Please disburse my account as indicated in Section 3.

Account Owner's Signature _____ Date _____

Signature of Account Owner's Spouse (If Married)* _____ 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. TPA Authorization and Signature

As the plan administrator, I authorize this request. I certify that I am authorized to act on behalf of the Topeka 403(b) plan. 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.

Benefits Consultants Group, a HoraceMann Company — Third Party Administrator



Peter Moore
Vice President, Financial Services

7. Letter of Acceptance

We will accept the assets of the client's account(s) from the Topeka 403(b) and apply them to our Retirement Advantage 403(b) account.



Mike Weckenbrock
Senior Vice President, Retirement Services

8. How to Submit Your Request

Please return this completed form and forms required by previous provider to HMSC for processing either via mail or fax as follows:

Mail:
BCG, a Horace Mann Company
#1 HoraceMann Plaza, #E108
Springfield, IL 62715

Or

Fax Number:
(217) 541-8370