

BCG, a Horace Mann Company

51 Haddonfield Road, Suite 200

Cherry Hill, NJ 08002

Fax: (856) 824-1890

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. Previous Provider Information

Name of Provider/Trustee/Custodian _____

Account Number: _____

Address: _____ City: _____

State: _____ ZIP: _____ Phone: _____ Fax: _____

3. Type of Transaction RequestSelect 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 AccountD. Roth IRA ConversionMoney 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 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/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 Service Corporation. Please disburse my account as indicated in Section 3.

X _____
Account Owner's Signature Date

X _____
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. 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 Horace Mann Registered Representative recommended this transaction Yes No

If yes, X _____
Printed Name of Registered Representative Signature of Registered Representative Date

8. How to Submit Your Request

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

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

BCG, a Horace Mann Company
51 Haddonfield Road, Suite 200
Cherry Hill, NJ 08002

OR Fax Number (856) 824-1890