



SONS of NORWAY

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QUALIFIED RETIREMENT ACCOUNT TRANSFER/ DIRECT ROLLOVER

DIRECT TRANSFER DIRECT ROLLOVER

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 Number: _____ City/State/Zip Code: _____
Account Number: _____ Phone Number: _____ Birthdate: _____
Current Plan Type: IRA 401K/403B SEP IRA ROTH IRA OTHER

CURRENT TRUSTEE/CUSTODIAN/FINANCIAL INSTITUTION:

Name: _____ Phone Number: _____
Street Address: _____ City/State/Zip Code: _____

QUALIFIED TRANSFER/DIRECT ROLLOVER INSTRUCTIONS:

Direct Transfer: Full Partial Withdrawal (_____) from my account.
This transfer should be placed in a: TRADITIONAL IRA SEP IRA ROTH IRA
Check should be made payable to **Sons of Norway FBO of** _____
 I have enclosed the Annuity Contract

Liquidate Immediately
 Liquidate at Maturity

Lost policy certification:

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 and 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: _____