

# Exchange/Transfer/Rollover Request

## This guide includes:

- ) Application Checklist
- ) Transfer Application



Saving Today for Your Tomorrow

**Learn about consolidating your  
retirement accounts**



# Retirement Account Exchange/Transfer/Rollover Checklist

**Please note before you complete this form:** If you do not currently hold an account with us, you must complete a retirement account application prior to requesting an Exchange/Transfer/Rollover. **For rollovers into 401(k) plans, though we require a copy of all necessary documentation, the account holder must initiate the transaction directly with the sending institution.**

**To process an Exchange/Transfer/Rollover Request it is important to adhere to the procedures and provide the documentation listed below:**

**Employer and/or Third Party Administrator's Authorization Form**

Please check with your Employer and/or Third Party Administrator for additional procedures and documentation for the approval of Exchange/Transfer/Rollover request. This form must be signed prior to submittal of Exchange/Transfer/Rollover paperwork.

**ASPIRE's Exchange/Transfer/Rollover Request**

**STEP 1** Participant information -- ALL information is required.

**STEP 2** Current Account & Exchange/Transfer/Rollover Information -- ALL information is required.  
Required Documents include:

- Account Statement** - Please provide a copy of your current account statement
- Surrendering Vendor Form (if applicable)** - Please verify the Exchange/Transfer/Rollover policy with the sending institution and obtain any necessary distribution forms. Generally, the account holder must call the surrendering vendor to obtain the proper information and/or forms.

**STEP 3** Exchange/Transfer/Rollover Instructions. Please indicate the method of Exchange/Transfer/Rollover - select **only one** method. **\*Note—Select the first box for In-Kind requests, if necessary attach additional documentation.** Select amongst remaining three boxes for the proper liquidation request.

**STEP 4** Signatures **REQUIRED** for the following:

- Participant
- Employer/Plan Administrator

Signature Guarantee **mandatory** on Participant Signature. Signature Guarantee requirement on Employer/Plan Administrator signature is dependent on surrendering vendor policy. Please verify requirements with surrendering vendor.

Financial Advisors please route forms through your home office for Signature Guarantees.

Participants not using Financial Advisor services may obtain Signature Guarantees from local bank.

Please review the above before you submit your request. **Incomplete forms will not be processed and will be returned to the client and/or Financial Advisor.**

Thank you,

ASPIRE Financial Services

**Questions?** Call Client Services at 866.634.5873, Monday through Friday, 8:00 A.M. - 8:00 P.M. EST.

**Important Note to Financial Advisors:**  
Please fill out the Broker/Dealer contact information completely.

# Exchange/Transfer/Rollover Request

ACCOUNT #

Complete this form to transfer funds into your Retirement Account. Please note that money received as an exchange/transfer/rollover will be invested into your account in accordance with your investment instructions in effect at that time. The completed form, including the Employer/Administrator signature if applicable, should be mailed to the address on the bottom of the form for processing. Please attach a copy of a recent account statement. Please contact your Employer or the resigning Insurance Company/Custodian for additional forms or requirements prior to submitting this form. **NOTE: For rollovers into 401(k) plans, though we require a copy of all necessary documentation, the account holder must initiate the transaction directly with the sending institution.**

- Direct rollover: transfer of assets from one plan type to another [i.e. 401(k) to 403(b), 403(b) to IRA, etc...]**
- Contract Exchange: transfer assets within your current employer's plan from an approved provider to ASPire.**
- Plan-to-Plan Transfer: move assets from your account with your prior employer to your new account with your current employer.**
- Other** \_\_\_\_\_

## STEP 1 To Account:

You are requesting the assets be rolled over or exchanged into your ASPire account:

### 403(b)

- Pre-Tax
- ORP
- Roth
- Other \_\_\_\_\_

### 401(k)

- Pre-Tax
- Roth
- Other \_\_\_\_\_

### IRA

- Pre-Tax
- Roth
- After-Tax

### SIMPLE IRA

- SEP or SAR-SEP**
- 457 Plan**
- Other Acct.** \_\_\_\_\_

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	M.I.	Last Name
<input type="text"/>		<input type="text"/>
Address (Street Address only. P.O.-Boxes not accepted)		Apartment/Suite
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone Number	Email Address	Social Security Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Current Employer Name	Current Employer Phone Number	Plan ID #

## STEP 2 From Account:

Please verify the exchange/transfer/rollover policy of the sending institution. If necessary, obtain the sending institution's exchange/transfer/rollover paperwork. Please attach a copy of a recent account statement. The assets rolled over or exchanged into this plan result from an exchange/transfer/rollover from a:

### 403(b)

- Pre-Tax
- ORP
- Roth
- Other \_\_\_\_\_

### 401(k)

- Pre-Tax
- Roth
- Other \_\_\_\_\_

### IRA

- Pre-Tax
- Roth
- After-Tax

### SIMPLE IRA

- SEP or SAR-SEP**
- 457 Plan**

<input type="text"/>	<input type="text"/>
Name of Insurance Company or Current Custodian (where funds were held)	Contract/Account Number
<input type="text"/>	<input type="text"/>
Mailing Address	Dept.
<input type="text"/>	<input type="text"/>
City, State Zip	Phone Number

If you are requesting a Plan-to-Plan transfer, please provide the following information:

<input type="text"/>	<input type="text"/>	<input type="text"/>
Former Employer Name	Former Plan ID #	Former Employer Phone Number

By this Agreement, I direct the Insurance Company/Custodian to transfer the cash surrender value/asset value of my tax-sheltered annuity contract/retirement custodial account as indicated below.

Please initial to acknowledge the following statements:

\_\_\_\_\_ I acknowledge that shares on the ASPire platform will be held at the plan level and may not be eligible for aggregation with my personal and/or individual assets for breakpoint purposes.

\_\_\_\_\_ I acknowledge that transfer assets are subject to any and all participant account fees assessed by ASPire.

Please mail the completed form and all required supporting documents to: ASPire, ATTN: Exchange/Transfer/Rollover Dept., 4010 Boy Scout Blvd Suite 500, Tampa, FL 33607.

**STEP 3 Exchange/Transfer/Rollover Instructions (Instructions to the Current Insurance Company or Custodian)**

May not be applicable for rollovers coming from 401(k) plans. These transactions must be initiated by the account holder, directly from the sending institution.

- Transfer all of the assets in kind into my existing retirement custodial account (transfer in-kind may be subject to fund availability and account/plan provisions).  
*Note: Any in-kind transfer of assets in which the share class of the transfer is different than the share class of your current investment elections may result in those shares being restricted from internal transfers, realignments or rebalance transactions. You or your authorized agent may contact ASPire to move these assets if desired.*
- Penalty Free Amount: Liquidate and transfer the value of my eligible retirement account which is not subject to surrender or CDSC charges.\*
- \$ \_\_\_\_\_ of the cash surrender value/asset value of my eligible retirement account.\*
- \_\_\_\_\_ % of the cash surrender value/asset value of my eligible retirement account.\*

**\*Liquidated/Cash transfers will be invested as per my current investment elections.**

**STEP 4 Signature & Acceptance**

**PARTICIPANT SECTION**

I wish to transfer the above mentioned account/contract to a retirement account offered by ASPire Financial Services "ASPire" with a designated custodian. I understand that I may deposit only retirement funds that are allowed under my current Employer's Plan. I have verified with my current Employer that these funds can be deposited according to the Plan Provisions. **By signing below I declare this information is correct.**

▶  --  
Date (month | day | year)

Signature Guarantee: The existing retirement account provider may require a signature guarantee of the Participant. To obtain a signature guarantee, the Participant must sign this form and have it medallion signature guaranteed. A notarization from a notary public does not meet signature guarantee requirements.

▶  --  
Date (month | day | year)

**SPONSOR SECTION**

Based on the information above, this exchange/transfer/rollover contribution is acceptable according to the plan provisions. The Custodian named below is hereby directed to accept this rollover contribution.

▶  --  
Date (month | day | year)

**FINANCIAL PROFESSIONAL SECTION (if applicable)**

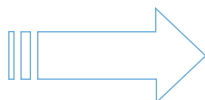
Financial Professional Name  Phone Number  Email  
 Broker Dealer Firm  FA Number  Branch Number  
 Branch Address  Suite/Bldg.  
 City  State  Zip

**FOR ADMINISTRATOR INVESTMENT VENDOR USE ONLY**

ASPire Financial Services "ASPire" or it's designee, has established an account with the designated custodian and both parties will accept the transfer as described in "STEP 3 - Transfer Instructions."

▶  --  
Date (month | day | year)

**Surrendering firm mailing instructions:**



**Make Checks Payable to:**   
**Mail Checks to:**  
 FBO: (Participant Name)  
 ASPire Acct. # \_\_\_\_\_  
 Plan Acct. # \_\_\_\_\_

**If you do not know which custodian is applicable to your account, please call Client Services at 866.634.5873**