

# Account Transfer / Rollover Form

Agent Solution Number: \_\_\_\_\_

Use this form to Transfer or Rollover assets from an account with another Custodian into your existing or new Primerica Shareholder Services Retirement Account.

**IF THIS FORM IS BEING COMPLETED WITH THE ASSISTANCE OF A PRIMERICA REPRESENTATIVE, THEN THE REPRESENTATIVE WILL NEED TO COMPLETE THE FOLLOWING:**

Have you (the Primerica Representative) completed the IRA Assembler DOL Tool to document the rollover or transfer?

Yes      No  STOP

Print the Rollover/Transfer documentation from the IRA Assembler DOL Tool and mail with this Form. Transactions will not be processed without the Rollover/Transfer documentation for each rollover/transfer.

|                    |                                    |   |
|--------------------|------------------------------------|---|
| <b>Select one:</b> | New Account (Application required) | Existing Retail Brokerage Account number: _____ |
|--------------------|------------------------------------|---|

- NOTE:** If this is a rollover/transfer into an existing PSS account, you must complete the eSTAR Form and the IRA Assembler DOL Tool as follows:
1. In eSTAR, select "No, I want to record actions I took earlier using another system." Then select "Via FAX/Mail" and "Purchase".
  2. In the IRA Assembler DOL Tool, select the appropriate source of funds (rollover from a retirement plan, internal IRA and/or external IRA).
  3. In the IRA Assembler DOL Tool, you will enter the mutual funds the client is rolling over into/transferring into and the client will select the reasons he/she wishes to rollover and/or transfer their assets. Then you will acknowledge whether you are recommending the rollover/transfer and the basis for the recommendation.
  4. Upload the IRA Rollover/Transfer Documentation and submit with this form.

## 1 SOURCE OF MONEY BEING TRANSFERRED OR ROLLED OVER

**NOTE:** This form cannot be used to move assets in a voluntary account or UGMA/UTMA account with another custodian to Primerica Shareholder Services. This form is used for qualified account plans only.

Please check the appropriate box indicating the source of money being transferred or rolled over.

**Transfer Like Plan to Like Plan** - Transfer of assets directly from your current retirement plan to your PFSI retirement plan. The plan types include: Traditional IRA to Traditional IRA, Non-Contributory (Conduit) IRA to Non-Contributory (Conduit) IRA, SEP IRA to SEP IRA, Roth IRA to Roth IRA, 403(b)/403(b)(7) Plan to 403(b)/403(b)(7) Plan, Simple IRA to Simple IRA, Beneficiary Traditional IRA to Beneficiary Traditional IRA, Beneficiary Roth IRA to Beneficiary Roth IRA, and Beneficiary 403(b) to Beneficiary 403(b).

**Traditional IRA to Roth IRA Conversion** - Rollover of assets from your current Traditional IRA to your PFSI Roth IRA - See Section 2 for Roth Conversion Withholding instructions.

**Qualified Plan or 403(b) / 403(b)(7) Plan to a Traditional IRA** - Rollover of assets from your current qualified Plan or 403(b) / 403(b)(7) to your PFSI Traditional IRA.

Age 59 1/2 or older      Separated from Service      Disabled (as Defined under 72(m)(7))      Death      Change of Custodian      Other

**Qualified Plan or 403(b) / 403(b)(7) Plan to a Roth IRA** - Rollover of assets from your current qualified Plan or 403(b) / 403(b)(7) to your PFSI Roth IRA.

Age 59 1/2 or older      Separated from Service      Disabled (as Defined under 72(m)(7))      Death      Change of Custodian      Other

**Qualified Plan or 403(b) / 403(b)(7) Plan to a SIMPLE IRA / SEP IRA / SARSEP IRA** - Rollover of assets from your current qualified Plan or 403(b) / 403(b)(7) to your PFSI SIMPLE IRA/SEP IRA/SARSEP IRA. Please note that a SIMPLE IRA can only receive a transfer or rollover of assets from another qualified plan if at least two years have passed since the date of the first SIMPLE IRA contribution.

Age 59 1/2 or older      Separated from Service      Disabled (as Defined under 72(m)(7))      Death      Change of Custodian      Other

**Roth 403(b) to Roth IRA** - Rollover of assets from your current 403(b) Roth to your Roth IRA.

Age 59 1/2 or older      Separated from Service      Disabled (as Defined under 72(m)(7))      Death      Change of Custodian      Other

**NOTE:** If this is an indirect rollover, has it passed the 60 day rollover requirement?

Yes (must complete POL-18)      No

## 2 PRIMERICA ACCOUNT REGISTRATION

|                             |          |                      |            |                    |        |                    |
|-----------------------------|----------|----------------------|------------|--------------------|--------|--------------------|
| Traditional IRA             | Roth IRA | SEP IRA              | SIMPLE IRA | Rollover           | 403(b) | If ROTH Conversion |
| Beneficiary Traditional IRA |          | Beneficiary Roth IRA |            | Beneficiary 403(b) |        |                    |

Owner's Social Security Number: \_\_\_\_\_ Owner's Date of Birth: \_\_\_\_\_

Owner's First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Owner's Last Name: \_\_\_\_\_

Owner's Full Address: \_\_\_\_\_ 1

## Account Transfer / Rollover Form

### 3 | CURRENT CUSTODIAN

Custodian's Name: \_\_\_\_\_

Custodian's Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Check here to have transfer or rollover request faxed to current custodian at number provided above

| Account Number 1 | Account Number 2 | Account Number 3 |
|------------------|------------------|------------------|
|                  |                  |                  |

### 4 | INSTRUCTIONS TO CURRENT CUSTODIAN

Transfer / Rollover the following:      Liquidate - ALL Assets in all Positions      Liquidate - Partial Amount (listed below)

| FUND NUMBER / NASDAQ SYMBOL | PARTIAL SHARES NUMBER (#) | DOLLAR AMOUNT (\$) |
|-----------------------------|---------------------------|--------------------|
|                             | #                         | \$                 |
|                             | #                         | \$                 |
|                             | #                         | \$                 |
|                             | #                         | \$                 |
|                             | #                         | \$                 |

Estimated Total Transfer Amount (required): \$ \_\_\_\_\_

(Continue)

**5** EMPLOYER / TPA APPROVAL

Effective January 1, 2009, all distributions from a 403(b)(7) will require an Employer/TPA approval. Please have your employer/TPA approve by signing this section.

I hereby affirm that the information given is true and correct, and I authorize and direct the custodian to make distributions according to the instructions provided on this form.

\_\_\_\_\_  
Employer / TPA Authorized Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**6** CLIENT SIGNATURE(S)

Dear Custodian: I hereby authorize and direct you to transfer the specified assets in said account to PFS Investments, the Custodian of my new existing account.

\_\_\_\_\_  
Account Owner / Responsible Person(s) Signature

\_\_\_\_\_  
Joint Account Owner's Signature

\_\_\_\_\_  
Date

You must obtain a signature guarantee if it is required by your current Custodian. Please contact them for requirements

**7** SIGNATURE GUARANTEE

Guarantor Signature: \_\_\_\_\_

*I guarantee the signature(s) of the applicant(s) and to the best of my knowledge and belief, the investor(s) is / are of full age and legally competent.*

Signature Guarantee Stamp

(Continue)

## Account Transfer / Rollover Form

### 8 ACCEPTANCE BY SUCCESSOR CUSTODIAN

Please transfer assets as instructed in Section 4. This account is accepted by PFS Investments Inc. as Custodian upon placement of authorized signature in the space below. Should you have any questions, please contact our Client Services Department at 1-800-544-5445.

|   |               |
|---|---------------|
| _____<br>PFS Investments Authorized Signature | _____<br>Date |
|---|---------------|

### 9 INSTRUCTIONS TO PSS FOR INVESTMENT ALLOCATION

| FUND NUMBER / NASDAQ SYMBOL | PERCENTAGE (%) | DOLLAR AMOUNT (\$) | BALANCE OF ACCOUNT | Check Box if investment is UNSOLICITED |
|-----------------------------|----------------|--------------------|--------------------|--|
|                             | %              | \$                 |                    |  |
|                             | %              | \$                 |                    |  |
|                             | %              | \$                 |                    |  |
|                             | %              | \$                 |                    |  |
|                             | %              | \$                 |                    |  |
|                             | %              | \$                 |                    |  |
|                             | %              | \$                 |                    |  |
|                             | %              | \$                 |                    |  |
|                             | %              | \$                 |                    |  |
|                             | %              | \$                 |                    |  |
|                             | %              | \$                 |                    |  |
|                             | %              | \$                 |                    |  |

|  |  |  |
|--|--|--|
| Once completed, mail the form and required documents to the appropriate address listed for processing. | <b>Please send to:</b> <b>Regular Mail</b>                                       | <b>Overnight Mail</b>  |
|  | Primerica Shareholder Services<br>P.O. Box 534485<br>Pittsburgh, PA 15253 – 4485 | Primerica Shareholder Services<br>Attention: 534485<br>500 Ross Street, 154-0520<br>Pittsburgh, PA 15262 |
| <b>Client Services:</b> <b>(800) 544-5445</b>  |  |  |

## MAILING AND WIRING INSTRUCTIONS

### MAILING INSTRUCTION:

1. Make check payable to PFS Investments as Successor Custodian
2. Mail check(s) to Primerica Shareholder Services via Regular Mail or Overnight Mail:

Please mail to:

Regular Mail

Overnight Mail

Primerica Shareholder Services  
P.O. Box 534485  
Pittsburgh, PA 15253 – 4485

Primerica Shareholder Services  
Attention: 534485  
500 Ross Street, 154-0520  
Pittsburgh, PA 15262

### WIRING INSTRUCTION:

**Bank Name:** BNY Mellon  
**Location:** New York  
**ABA:** 011001234  
**Account Number:** 735604  
**Account Name:** BNY Mellon Investment Savings (US) Inc., as agent for Primerica

**For Further Credit:** Shareholder Account Number