Primerica Shareholder Services

Rollover 403(b)(7) to Traditional or Roth IRA Form

INSTRUCTIONS:

- Complete the attached Rollover 403(b)(7) to Traditional or Roth IRA Form
- 2. Sign the form
- 3. Mail or fax the completed, signed form to:

Please send to: Regular Mail

Primerica Shareholder Services P.O. Box 534485

Pittsburgh, PA 15253 – 4485

Client Services: (800) 544-5445

Fax Services: (833) 748-3938

See fax services below

Overnight Mail

Primerica Shareholder Services

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

You may use this form to rollover assets from your 403(b)(7) account currently with Primerica Shareholder Services to a new or existing Traditional or Roth IRA. If you do not have an existing IRA account, you must complete the appropriate New Account Application so that the account can be established.

FAX SERVICES: If you have an <u>existing IRA account with PSS</u> for which the 403(b)(7) assets are to be rolled in to, you may fax the attached completed form to 833-748-3938 for processing, of your rollover request.

NOTE: You must provide your existing 403(b)(7) account number from which assets are to be rolled over. This is required to process your request.

Have you completed the IRA Assembler DOL Tool to document the rollover or transfer?



Voc

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.

SECTION 1 – ROLLOVER ELECTION

In Section 1.1 please check the appropriate box to indicate the type of IRA account you wish to establish, either Traditional or Roth IRA. Please indicate whether this is a full or partial distribution by checking the appropriate box. If this is a partial distribution, please provide the dollar or share amount for the distribution. A new account application is required to roll over the assets if you do not have an existing type of IRA account for which you wish the rollover assets to be deposited. You must contact a Primerica Financial Services Representative for assistance in completing the application and Customer Identification Form.

NOTE: Investments will be moved "in kind" to your existing account, that is the same fund(s) currently in your 403b account. You should speak with your PFSI Agent for assistance in determining what if any changes should be made after the transfer is complete.

NOTE: 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.

If you have an existing account (Traditional or Roth IRA), please check the appropriate box and provide the account number for the existing account.

SECTION 2 – REASON FOR ROLLOVER

Please indicate the reason for the rollover by checking the appropriate allowable reason.

SECTION 3 - EMPLOYER / TPA APPROVAL

All distributions require Employer or TPA approval. Please have your employer or TPA approve by signing this section.

SECTION 4 – SIGNATURE

To roll over the assets from your 403(b)(7) account please sign as your name is registered on your account.

(This page retained by the Client)

Primerica Shareholder **Services**

Rollover 403(b)(7) to Traditional or Roth IRA Form

REQUIRED INFORMATION

Account Owner Name:			Account Number:	
		Acc	ount Number	
1 ROLLOVER ELECTION	JN			
I have elected to rollover assets i	n my Primerica Shareholde	er Services 403(b)(7) account to:		
1.1 A New Account (Choose o	ne) Traditional IRA	Roth IRA		
This is a: Full Distribution	or Partial Distributi	on Dollar Amount: \$	Number of Shares: #	
NOTE: A new account application is re			You must contact a Primerica Financial Services	
1.2 OR, My Existing Account (Choose One)			
Traditional IRA	Roth IRA	Account Number:		
NOTE: Investments will be moved "in	kind" to your existing account	t, that is the same fund(s) currently he	ld in the account will be moved to your existing thould be made after the transfer to your name	
 In the IRA Assembler DOL Tool, In the IRA Assembler DOL Tool, 	ecord actions I took earlier using select the appropriate source of you will enter the mutual fund transfer their assets. Then you	ng another system." Then select "Via of funds (rollover from a retirement pla Is the client is rolling over into/transfe I will acknowledge whether you are re		
PREASON FOR ROLL				
		RA account, it must meet one of t	he allowable reasons below. Please chec	
Age 59 ½ or older	Separation from Ser	rvice Employer I	Plan Terminated	
Disabled – I certify that I mee	t the definition of disability a	as defined under IRS Code 72(m)(7)	
Self-Certification - Late 60 Da	ny Rollover (Must also comp	lete and provide the POL-18 with th	is form)	
3 EMPLOYER / TPA A	ΡΡΡΟΥΔΙ			
Effective January 1, 2009 all distribu	tions will require Employer or		oyer or TPA approve by signing this section. ke distributions according to the instructions pro	
Employer or TPA Authorized Signatu	re			
itle		Date	Date	
information, necessary to comply with and/or the plan is not in compliance w	section 403(b) of the Code and vith section 403(b) of the Code	d the final regulations promulgated ther and the final regulations promulgated	nts, and to provide and/or share any and all othe e under and (ii) there is a risk that if my employe there under that the distribution being made by Revenue Service and reportable by PSS.	
Account Owner's Signature			Date	
	Please send to:	Regular Mail	Overnight Mail	
Once completed, mail the form and		Primerica Shareholder Services P.O. Box 534485 Pittsburgh, PA 15253 - 4485	Primerica Shareholder Services Attention: 534485 500 Ross Street. 154-0520	

appropriate address or service

number listed for processing.

Pittsburgh, PA 15262

See fax services on the Instructions (page 1)

(800) 544-5445

(833) 748-3938

Client Services:

Fax Services: