

## Exchange/Transfer/Rollover to WEA Member Benefits

If you are exchanging, transferring, or rolling over from more than one company, please complete a separate form for each. If you are exchanging, transferring, or rolling over from an annuity contract, please complete the annuity replacement form on page 4.

### 1. Participant Information

Social Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Name \_\_\_\_\_ Employer \_\_\_\_\_  
 Last First Middle  
 Address \_\_\_\_\_ Hire Date \_\_\_\_\_  
 City State ZIP Retire Date \_\_\_\_\_  
 Phone (\_\_\_\_\_) \_\_\_\_\_ WEAC ID No. (if applicable) \_\_\_\_\_  
 E-Mail \_\_\_\_\_

### 2. Transaction Type

- 403(b) Exchange (with the same employer plan.)  
 403(b) Transfer (from previous employer's plan to current employer's plan.)  
 IRA Transfer (like plan to like plan.)  
 Rollover (from another type of plan.): Complete Section 3 if you are rolling over from an employer-sponsored plan.

### 3. Distributable Event *(Complete this section if completing an employer-sponsored plan rollover.)*

Employer-sponsored plan rollovers require a distributable event. Please indicate your applicable event.

- age 59½     Separation From Service     Disability     Beneficiary     QDRO

### 4. Releasing Company Account Information

Outgoing account number: \_\_\_\_\_ *Enclose a copy of your most recent statement.*  
 Distributing company is required to withhold any required minimum distribution from a rollover.

- Check here if transfer is from a WEA TSA Trust 403(b) account or a WEAC IRA account.

Releasing Company Name (not agent): \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

### 5. Releasing Company Account Type *(A copy of your most recent statement is required to process.)*

- |   |  |
|---|--|
| <input type="checkbox"/> 403(b)<br><input type="checkbox"/> elective before-tax <input type="checkbox"/> elective Roth <input type="checkbox"/> nonelective | <input type="checkbox"/> 457(b) governmental plan <i>(Separation from service is required.)</i><br><input type="checkbox"/> before-tax <input type="checkbox"/> Roth |
| <input type="checkbox"/> Traditional IRA <i>(Nondeductible contributions may not be transferred to your TSA account.)</i>                                   | <input type="checkbox"/> 401(k) plan<br><input type="checkbox"/> before-tax <input type="checkbox"/> Roth <input type="checkbox"/> after-tax                         |
| <input type="checkbox"/> Roth IRA   | <input type="checkbox"/> 401(a) plan   |
| <input type="checkbox"/> SEP (Simplified Employee Pension) IRA  | <input type="checkbox"/> Inherited Traditional IRA*  |
| <input type="checkbox"/> SIMPLE (Savings Incentive Matching Plan for Employees) IRA <i>(IRA must be at least two years old.)</i>                            | <input type="checkbox"/> Inherited Roth IRA  |

#### \*Inherited IRA Only

If transfer/rollover is from an inherited account, please complete the following:

Name of deceased \_\_\_\_\_ Deceased date of birth \_\_\_\_\_

Relation to deceased \_\_\_\_\_ Deceased date of death \_\_\_\_\_

**You must satisfy your required minimum distribution prior to transfer/rollover.**

**6. WEA Account Type** (Select only one option.)

- 403(b)
- Traditional IRA
- Roth IRA
- SEP IRA
- Inherited Traditional IRA
- Inherited Roth IRA

**7. Amount of Exchange/Transfer/Rollover**

I request the following to be liquidated and transferred/rolled over (select one):

- Total exchange/transfer/rollover.
- Partial exchange/transfer/rollover \$ \_\_\_\_\_.
- The amount not subject to surrender charges.

**8. Mailing Instructions** ACH and Wire instructions are provided on the Letter of Acceptance.

Please make checks payable to:

**WEA Member Benefits**

FBO (\_\_\_\_\_ and \_\_\_\_\_)

c/o Newport Trust Company  
P.O. Box 645451  
Pittsburgh, PA 15264-5252

**9. Required Minimum Distribution (RMD)**

If you are age 70½ or older, the releasing company will need to distribute your current year RMD prior to effecting this transaction. If you do not take your RMD, the IRS may impose a 50% penalty on the amount that should have been distributed.

- Are you age 70½ or older this year?       Yes    No
- Has the current year RMD been satisfied?       Yes    No

**10. Switch Acknowledgement**

The following section is designed to help you decide whether this transaction is appropriate for you. Although the decision to effect this transaction is entirely your own, by completing the section we may be able to provide you some educational information with respect to certain common fees and investment structures. Generally, we do not recommend the sale of products with high surrender fees or contingent deferred sales charges (CDSCs). This section and any subsequent information we provide to you is for informational purposes only. For detailed advice and recommendations, you should consult with your financial advisor or accountant.

Company Assets Coming From (optional)	Company Assets Moving To
<p><b>Company Name:</b> _____</p> <p><b>Product Type:</b>  <input type="checkbox"/> Variable Annuity   <input type="checkbox"/> Fixed Annuity  <input type="checkbox"/> Mutual Funds   <input type="checkbox"/> Other</p> <p><b>Surrender Fee/CDSC:</b> _____</p> <p><b>When Surrender Fee/CDSC will expire:</b> _____</p>	<p><b>Plan Number:</b> _____</p> <p><b>Surrender Schedule:</b> <u>None</u></p> <p><b>Loads:</b> <u>None</u></p>

## 11. Before You Sign

**Contact your current provider to ask about:**

- Possible surrender charges and termination fees.
- Deferred loads, if liquidating mutual funds.
- Any paperwork or special requirements the releasing company may require.
- If a signature guarantee required by releasing company.
- Does releasing company require you to liquidate your holdings prior to transfer.

**Complete page 4, Notice to Applicant Regarding Replacement of Annuities or Life Insurance by Annuities.**

**Attach a copy of your most recent releasing company account statement (required to process).**

**Mail all paperwork to WEA Member Benefits, P.O. Box 7893, Madison, WI 53707-7893.**

## 12. Employer/Third-Party Administrator (TPA) Signature(s) *(Applies to 403(b) only.)*

Employer signature confirms that WEA TSA Trust is an approved vendor and/or there is an information sharing agreement on file and exchanges are allowed in school district plan.

Current Employer/TPA Signature \_\_\_\_\_ Date \_\_\_\_\_

Former Employer Name *(for transfers only)* \_\_\_\_\_ Termination Date \_\_\_\_\_

Former Employer/TPA Signature *(for transfers only)* \_\_\_\_\_ Date \_\_\_\_\_

## 13. Authorization to Liquidate

I authorize the releasing company to liquidate and transfer/rollover the liquidated assets and to send any records or documents needed to complete the transfer/rollover to the WEA TSA Trust. I have no outstanding loans on the account I am exchanging/transferring/rolling over.

I am aware of the aforementioned fees (assessed by the releasing company) that may be involved with this transaction.

The releasing company **may** require your signature to be guaranteed by an authorized signature guarantor. This service is available at most banks, brokers, and other financial institutions.

**Notary public signatures are not accepted as they do not provide reimbursement in case of fraud.**

Do not sign this form until you are in the presence of the authorized person providing the signature guarantee.

Place signature guarantee stamp here  
**(if applicable).**

We will invest using your existing allocation information on file. If your account does not have allocation information already on file, please contact a Retirement and Investment Specialist at 1-800-279-4030.

Participant's Signature (required) \_\_\_\_\_ Date \_\_\_\_\_

**We require all original signatures on this form. We cannot accept faxes.**

### Releasing Company

**IRS regulations require you to provide this information for Roth 403(b) or Roth 401(k) accounts only:**

Is this a qualified distribution?  Yes

No The calendar year of the first contribution is: \_\_\_\_\_

The portion of this distribution representing basis (contributions) is: \_\_\_\_\_



Authorized Releasing Company Signature \_\_\_\_\_

**NOTICE TO APPLICANT REGARDING REPLACEMENT OF ANNUITIES  
OR LIFE INSURANCE BY ANNUITIES**

This notice is for your benefit and is required by regulation. If you are urged to purchase an annuity and to surrender, lapse, or in any other way change the status of existing life insurance or annuities, the agent is required to give you this notice. When considering replacement of an existing annuity with a new annuity contract, you should be aware of the following:

- It is to your advantage to receive the advice of the present life insurance company regarding the proposed replacement or change of existing policies. The life insurance company to whom you are applying for the new policy is required by regulation to advise the home office of the company or companies that sold the existing policy or policies of the proposed replacement.
- Some of the reasons it may be disadvantageous to purchase new or change existing life insurance or annuities in favor of new life insurance or annuities are:
  - In the case of an annuity replacement, you may be required to pay a surrender charge for the annuity that is being replaced. You will want to consult with your present provider to determine any such charge.
  - Existing policies may have more favorable provisions than new policies.
  - Replacement may result in loss of a guaranteed benefit.
  - If you are replacing a life insurance policy, be aware that the present insurance company can often make a desired change on terms that would be more favorable than if you replaced existing life insurance policies with new policies.
- For the reasons stated above, it may be disadvantageous to change an existing life insurance policy or to borrow against its loan value beyond your expected abilities or intention to repay in order to obtain funds for premiums on a new policy.
- There may be a situation when a replacement is advantageous. However, for your protection, you should receive the comments of the present insurance company and determine any potential surrender charges before arriving at a decision in this important financial matter.

The annuity(ies) I intend to purchase from WEA Tax Sheltered Annuity (TSA) Trust may replace an existing annuity policy(ies). The following policy(ies) may be replaced as a result of this transaction:

Current carrier as it appears on the policy	Participant as it appears on the policy	Account/contract number
_____	_____	_____
_____	_____	_____

**I hereby acknowledge that I received and completed this form regarding replacement of annuities or life insurance before I signed the documents for the proposed new annuity.**

Pay special attention to possible surrender charges in the contract that you are exchanging, transferring, rolling over to a WEA TSA Trust account.

WEA TSA Trust is a not-for-profit organization. TSA fees are limited to an administration charge of 0.35% to a maximum of \$500 per calendar year. WEA TSA Trust accounts do not have a surrender charge or surrender period and do not include variable annuities.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Social Security No. \_\_\_\_\_

Signature of Agent \_\_\_\_\_ Date \_\_\_\_\_  
(WEA Trust Member Benefits Agent)