

Instructions

Use this form to initiate a direct rollover of your existing retirement account to your retirement account with Transamerica. Complete Sections A, B, C and D, obtain your Plan Representative's signature in Section F, then return the completed form to us at the address indicated in Section G. Contact your prior plan provider to request a rollover of the funds in your account to Transamerica (your prior plan provider may require that you complete a distribution form or other documentation). For further information, please refer to your Summary Plan Description, contact your Plan Representative, or call us at 800-755-5801.

Section A. Employer Information

Company/Employer Name

Contract/Account No. Affiliate No. Division No.

Section B. Personal Information

Social Security No. Date of Birth (mm/dd/yyyy)

First Name/Middle Initial Last Name

Mailing Address

City State Zip Code

Phone No. Ext.

E-mail Address

Date of Hire (mm/dd/yyyy)

Section C. Incoming Rollover Information

My incoming rollover for \$_____ is an eligible rollover distribution.

My incoming rollover is from a (select only one option)

qualified plan (401(k) or 401(a) plan) 403(b) plan 457(b) governmental plan IRA

Amount to be rolled over from present provider: 100% of account Partial rollover of \$_____

My incoming rollover does does not include after-tax amounts from a qualified plan or a 403(b) plan. If after-tax amounts are included, the total after-tax cost basis of this distribution is \$_____. Cost basis is the amount of contributions made, not including earnings.

Please note the following important information:

1. *Transamerica cannot accept after-tax amounts if the cost basis is not provided. If you are unsure of your after-tax cost basis, contact your previous Plan Administrator to obtain/confirm this information. If this information is not received, it will be assumed that the deposit represents pre-tax amounts only.*
2. *If you are already enrolled in the plan, your incoming rollover will be invested according to your existing investment allocation for payroll contributions.*
3. *If you are not enrolled in the plan, your incoming rollover will be invested in the plan level default fund. Please refer to your Summary Plan Description or contact us in order to identify the plan's default fund. You can subsequently reallocate your investment at any time, subject to plan provisions, by calling us at 800-755-5801 or accessing your account online at my.trsuretire.com.*

Section D. Prior Plan Information

Contact your prior plan provider to request a rollover of the funds in your account to Transamerica (your prior plan provider may require that you complete a distribution form or other documentation). If your incoming rollover is not received in 30 days, we will contact your prior plan/IRA provider, if you attach a copy of your most recent prior plan/IRA statement to this form.

Prior Plan Name _____

Prior Plan Account No. _____

Prior Plan Contact Name _____

Prior Plan Contact Phone No. _____

Prior Plan/IRA Provider _____

Prior Plan/IRA Provider Mailing Address _____

Prior Plan/IRA Provider Phone No. _____

Section E. Required Documentation

If your rollover is distributed from a tax-qualified plan, you must provide verification from the prior plan provider that the funds are from a tax-qualified plan.

If your rollover is distributed from a Section 403(b) program, you must provide a verification from the prior plan provider indicating that all funds are contributions from a 403(b) plan.

If your rollover is distributed from a Traditional IRA, you must provide verification from the prior plan provider indicating that all funds are from a Traditional IRA.

If your rollover is distributed from a 457(b) governmental plan, you must provide verification from the prior plan provider indicating that all funds are pre-tax contributions from a 457(b) governmental plan.

Transamerica will be unable to process your incoming rollover without this documentation.

Section F. Signatures

I certify that the information provided on this form is correct and complete. I understand that if I am already enrolled in the plan, my incoming rollover will be invested according to my existing investment allocation for payroll contributions. If I am not enrolled in the plan, I understand that my incoming rollover will be invested in the plan's default fund (please refer to your Summary Plan Description or contact us in order to identify the plan's default fund). I understand that I can subsequently reallocate my investment at any time, subject to plan provisions, by calling Transamerica or accessing my account online at the above address.

Transamerica Investors Securities Corporation (TISC), 440 Mamaroneck Avenue, Harrison, NY 10528, distributes securities products. Any registered fund offered under the plan is distributed by that particular fund's associated fund family and its affiliated broker-dealer or other broker-dealers with effective selling agreements, such as TISC. All registered funds are available by prospectus only. A prospectus may be obtained for any registered fund by contacting us at 800-755-5801. The prospectus contains additional information about the funds, including the investment objectives, risks, charges, and other expenses. Please read and consider such information carefully before making your investment choices.

Participant Signature

Date

Print Name

Social Security Number

Plan Representative Signature

Date

Section G. Mailing and Wiring Instructions

Checks- If sending a check, mail the check and the Incoming Rollover Request form to one of the following addresses, as applicable:

Regular Mail

Transamerica
Remittance Processing Center
PO Box 13029
New York, NY 10087-3029

Overnight Mail

JPMorgan Chase - Lockbox Processing
Lockbox No. 13029
4 Chase Metrotech Center-7th Floor East
Brooklyn, NY 11245
Phone Number: (718) 242-0674 *(must be indicated on overnight air bill)*

Wire Transfers- If sending a wire transfer, mail the Incoming Rollover Request form to the address below:

Form

Transamerica
4333 Edgewood Road NE
Cedar Rapids, IA 52499

Wire Instructions

State Street Bank and Trust Company
200 Clarendon Street
Boston, MA 02116-5021
Bank ABA # **011000028**
Receiving Account # **00457374**
Receiving Account name: Transamerica
Contract-Affiliate #
Contract Name