



A FRATERNAL BENEFIT SOCIETY
2050 Finley Rd Suite 70 Lombard IL 60148
630-472-0500 • 800-LIFE-CSA
www.csalife.com

CSA INVESTMENT PLANS ROLLOVER/TRANSFER FORM

Use this form to move your investment assets directly from another financial institution to CSA Fraternal Life.

To initiate a direct rollover from an **Employer-sponsored plan, 403(b), or governmental 457 plan to CSA**, first complete all forms required by the employer maintaining your current plan. If any forms require an authorized CSA Fraternal Life signature, submit them along with this form. You do **not** need to complete this form if your employer has already issued your distribution check; just send the employer check to CSA along with your investment plan application.

Print or type all information. Please call CSA's home office at 800-543-3272 Mon-Thurs 8:00 to 5:00 Fri. 8:00 to 1:30 CST with any questions.

1. Personal Information

_____ First Name, Middle Initial, Last Name		_____ Birth Date (MM/DD/YY)		_____ Social Security No.	
_____ Street Address			_____ Daytime Telephone No.		
_____ City, State, Zip Code			_____ Evening Telephone No.		
_____ E-mail					

2. Current Custodian *(Skip to Section 3 if your existing retirement account is invested at CSA Fraternal Life.)*

_____ Name of Current Custodian (Bank, Trustee, Mutual Fund, etc.)		_____ Telephone No.	
_____ Street Address		_____ Contact Person	
_____ City, State, Zip Code			

If unsure of details, please contact your custodian to verify any information given above.

3. Current Retirement Account Information

A. Please check the type of retirement account to be transferred to CSA:

Traditional/Rollover IRA
 Roth IRA
 SEP-IRA
 Simple IRA
 Employer-sponsored plan
 Gov. 457 plan
 403(b)
 Other: _____
(Including 401(k), pension, and profit sharing)

B. Account information:

Account No. _____ *To avoid delays, please attach a copy of your most recent statement for the account being transferred.*

4. Select Your Investment *(Please select the type of CSA retirement account for which you wish to apply.)*

Rollover IRA
 Roth IRA
 Simple IRA
 Traditional IRA
 Flexible Premium Deferred Annuity
 Single Premium Deferred Annuity
 Single Premium Immediate Annuity—**you must check (a) or (b) option:** (a) **Single Life**
 (b) **Joint & Survivor**

CSA INVESTMENT PLANS

ROLLOVER/TRANSFER FORM (Continued)

5. Transfer Instructions

A. Account Liquidation:

____ **Full account liquidation.** Please liquidate entire account and transfer the proceeds to my CSA retirement account selected in Section 4 of this form.

____ **Partial account liquidation.** Please liquidate from the type of account listed in Section 3 and transfer the proceeds to my CSA retirement account selected in Section 4 of this form.

_____	Account No.	_____	% of Proceeds	or	_____	\$	Dollar Amount
_____	Account No.	_____	% of Proceeds	or	_____	\$	Dollar Amount

B. Please select whether you are reinvesting into a new or existing account:

____ Invest into a **new** CSA retirement account indicated in Section 4. (*Attach a completed application.*)

____ Invest into my **existing** CSA retirement account(s) listed below:

_____	Policy/Certificate No.	_____	% of Proceeds	or	_____	\$	Dollar Amount
_____	Policy/Certificate No.	_____	% of Proceeds	or	_____	\$	Dollar Amount

6. Signature

I authorize the liquidation of the account(s) specified in Section 3, in the amount(s) indicated, and the transfer/rollover of all proceeds to CSA Fraternal Life as successor custodian. I hereby agree to the terms and conditions stated in this form and certify that I am requesting a rollover or transfer of my retirement plan assets in accordance with applicable IRS and plan rules. I certify under the penalties of perjury that my Social Security number on this form is correct. Additionally, I certify to the best of my knowledge, the information provided on this form is true and correct and may be relied upon by CSA Fraternal Life, as custodian.

_____	Owner/Participant Signature	_____	Date
_____	Signature Guarantee (If Required)	_____	Date

7. Acceptance *(CSA will complete this section and send it to your present custodian.)*

Please be advised that CSA Fraternal Life has been appointed to serve as successor custodian of this account. Please send a check representing liquidation of the investments indicated above payable to: **CSA Fraternal Life as Custodian for (account owner's name)** along with a copy of this form to identify the check as a transfer of assets to:

CSA Fraternal Life, P.O. Box 249, Lombard, IL 60148

_____	CSA Authorized Signature	_____	Date
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8. Mailing Instructions

Mail the completed form and application (if opening a new account) to:

Regular Mail:

CSA Fraternal Life
P.O. Box 249
Lombard, IL 60148

Overnight Mail:

CSA Fraternal Life
2050 Finley Rd Suite 70
Lombard, IL 60148



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