First Catholic Slovak Ladies Association



24950 Chagrin Blvd., Beachwood, Ohio 44122-5634

Phone: (216) 464-8015
Toll Free: (800) 464-4642
Fax: (216) 464-9260
E-Mail: info@fcsla.org
www.fcsla.org

Cover Letter and Instructions for IRA Transfer Forms Package

Enclosed please find a Transfer Form Request Acceptance Letter (pg 1), and a Transfer Request for Tax-Qualified Accounts Tax Free Exchange (pg 2).

- 1) Please enter your name and annuity # in the appropriate spaces on the Transfer Form Request (pg1).
- 2) Please complete the Transfer Request For Tax-Qualified Accounts Tax Free Exchange (pg 2), inserting the name and address of the institution presently holding your **qualified account**, your current account number and type, and the amount you wish to transfer. Sign and date this form.
- 3) After completing and signing these forms, return both of the forms to the FCSLA Home Office using the BLUE return envelope, or clearly mark your envelope "Attn: Annuity Dept.".

Please note: It is the responsibility of the member to follow-up with the current fund holder regarding the status of the transferred funds.

If you have any questions, please call our toll-free number at 1-800-464-4642, ext. 1022 and 1024 and speak with the personnel in our Annuity Department.

Fraternally yours,

FCSLA Annuity Dept.

Enclosures

IRA Transfer Pkg for Agents pg1

First Catholic Slovak Ladies Association "... securing the future, one member at a time"

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TRANSFER FORM REQUEST (Qualified) (page 1)

RE:	
Proposed Annuitant/ Owner«Name»	
Please be advised that the First Catholic Slovak L	adies Association will
accept transfer monies FOR THE BENEFIT OF:	Proposed Annuitant/ Owner
and will transfer it to the ACCOUNT NUMBER:	Annuity Number
Please make the check payable to the First Catholic benefit of and send it and send it	Slovak Ladies Association for the to the following address:
First Catholic Slovak Ladies Association Attn: Annuity Department 24950 Chagrin Boulevard Beachwood, OH 44122	
Please! Return a copy of the completed Transfer Req Free Exchange with the transfer check.	uest for Qualified Accounts – Tax
If you have any questions, please call 1-800-464-4642 expersonnel in our annuity department.	t. 1022 and 1024 and speak with the
Sincerely,	
Stephen C. Hudak National Treasurer	
SCH	
Enc.	
IRA Transfer Pkg for Agents pg2	

Updated 3/10/07

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Attn Current Fund Holder:

Please return a copy of this completed form with the Transfer Check.

TRANSFER REQUEST FOR TAX-QUALIFIED ACCOUNTS TAX FREE EXCHANGE (page 2)

TO:				
20.	NAME OF THE PRESE	NT INSTITUTION	1	_
	ADDRESS OF THE PR	ESENT INSTITUT	TION	<u> </u>
SUBJECT:	NAME OF PROPOSED	ANNUITANT/ O	WNER	-
	PRESENT INSTITUTIO	ON ACCT#		
		IRAROT _ Qualified Pensio _Other (please des	n Plan	SEP
Please liquida	te and transfer:			
-	The e	entire balance ir	the above list	ed account
	Spec	ified amount yo	u wish to trans	efer.
policy #	ll be deposited into my		Slovak Ladies	Association
This policy ha	as been established as:			
	_ IRA Roth	IRA	_ 401 K	SEP
distribution (M		ther it was taken	by the current t	nust take the minimum required rustee or will be taken by First
	at any stocks and /or sec ion cannot accept non-lic			the First Catholic Slovak nity.
Proposed Annui	tant/ Owner Signature	Date	Printed	l Name

Please note that a trustee-to-trustee transfer can only occur between accounts of the same tax qualification, e.g. IRA to IRA.