



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 Ladies 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 Slovak Ladies Association for the benefit of _____ and send it to the following address:
Proposed Annuitant/ Owner

First Catholic Slovak Ladies Association
Attn: Annuity Department
24950 Chagrin Boulevard
Beachwood, OH 44122

Please! Return a copy of the completed Transfer Request for Qualified Accounts – Tax Free Exchange with the transfer check.

If you have any questions, please call 1-800-464-4642 ext. 1022 and 1024 and speak with the personnel in our annuity department.

Sincerely,

John M Janovec
National Treasurer

JMJ

Enc.

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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:

NAME OF THE PRESENT INSTITUTION

ADDRESS OF THE PRESENT INSTITUTION

SUBJECT:

NAME OF PROPOSED ANNUITANT/ OWNER

PRESENT INSTITUTION ACCT #

ACCOUNT TYPE: IRA ROTH 401(k) SEP
 Qualified Pension Plan
 Other (please describe)

Please liquidate and transfer:

_____ The entire balance in the above listed account

_____ Specified amount you wish to transfer.

The funds will be deposited into my First Catholic Slovak Ladies Association
policy # _____

Annuity Number

This policy has been established as:

_____ IRA _____ Roth IRA _____ 401 K _____ SEP

I understand that, if I am or will be at least 70 ½ years of age this year, I must take the minimum required distribution (MRD) on this account, whether it was taken by the current trustee or will be taken by First Catholic Slovak Ladies Association after transfer of funds.

I understand that any stocks and /or securities must be liquidated because the First Catholic Slovak Ladies Association cannot accept non-liquid assets as a deposit to my annuity.

Proposed Annuitant/ Owner Signature

Date

Printed Name

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