

## AUTHORIZATION TO TRANSFER FUNDS TO:

TO:

\_\_\_\_\_ Financial Institution/Insurance Company

\_\_\_\_\_ Address

\_\_\_\_\_ City, State, Zip

\_\_\_\_\_ Account/Certificate Holder's Name

\_\_\_\_\_ Social Security Number

\_\_\_\_\_ Address

\_\_\_\_\_ City, State, Zip

\_\_\_\_\_ Account/Certificate Number  Tax Qualified (i.e. IRA, IRA/SEP, TSA, ROTH, Pension Plan)  Non-Qualified  Life Insurance

The undersigned hereby requests and directs that the following action be taken in order to transfer the account/policy funds identified above.

LIQUIDATE CERTIFICATES OF DEPOSIT:

On the maturity of \_\_\_\_\_

Upon receipt of this request. I am aware of any penalty that may be imposed from an early withdrawal.

LIQUIDATE MUTUAL FUND/MONEY MARKET ACCOUNT (Attach copy of recent statement)  FULL  PARTIAL \$ \_\_\_\_\_

ANNUITY  FULL  PARTIAL \$ \_\_\_\_\_

LIFE INSURANCE

PLEASE WAIVE ANY CONSERVATION PERIOD THAT MAY APPLY AND PROCESS THIS TRANSACTION IMMEDIATELY

OTHER (provide details)

I am aware of any surrender/withdrawal penalties which may apply to this transaction, and I authorize the transfer of funds described above. Please make check payable to "Slovak Catholic Sokol F/B/O".

Dated at: \_\_\_\_\_ this \_\_\_\_\_ of \_\_\_\_\_ 20 \_\_\_\_\_

Witness: \_\_\_\_\_ Signature: \_\_\_\_\_

### ACCEPTANCE: This is to certify that the above individual has established:

Tax-Qualified Annuity \_\_\_\_\_  Inherited Annuity  Non-Qualified Annuity  Life Insurance  
(i.e. IRA, IRA/SEP, TSA, ROTH, Pension Plan)

The authorized signature below certifies acceptance of the transfer as instructed in this request. After deducting any sums as are permitted under the plan, please complete the transfer and send a check with a copy of this form to:

ISSUER: Slovak Catholic Sokol, 205 Madison St., Passaic, NJ 07055

BY: \_\_\_\_\_

National Officer