

SLOVAK CATHOLIC SOKOL

A tradition of providing sound financial protection and benefits to our members

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 Non- Qualified Life insurance Tax Qualified _____
(i.e. IRA, SEP, ROTH, Pension Plan)

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

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