

AUTHORIZATION TO TRANSFER FUNDS

To: **National Slovak Society of the USA (NSS Life), 351 Valley Brook Road, McMurray, PA 15317-3337**

From:

Financial Institution/Insurance Company _____

Address _____

City _____ State _____ Zip _____

Account/Certificate Holder's Name _____

Social Security Number _____

Address _____

City _____ State _____ Zip _____

Tax Qualified Non-Qualified Life Insurance

Account/Certificate Number _____ (i.e. IRA, IRA/SEP, TSA, 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

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 "National Slovak Society F/B/O".

Dated at: _____ On: _____ / _____ / 20 _____

Witness _____ Signature _____

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

NSS Policy # _____

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: National Slovak Society of the USA (NSS Life), 351 Valley Brook Road, McMurray, PA 15317-3337

BY: _____

National Officer