

ROLLOVER KIT



MUTUAL OF OMAHA RETIREMENT SERVICES



GET RETIREMENT
RIGHT

DID YOUR RETIREMENT ASSETS MAKE THE MOVE?

We may change jobs several times over the course of our careers. While this diversification gives us a wide range of experiences, we can wind up with multiple retirement plans and Individual Retirement Accounts (IRAs), making it hard to manage and keep track of them. If all of your retirement accounts haven't made the move to your current employer's plan, now may be a great time to consolidate.

Here's what's involved:

MAKE SURE YOU ARE ENROLLED IN YOUR EMPLOYER'S RETIREMENT PLAN.

Simplify your investment strategy. Consolidating all your retirement plans and IRAs into your current employer's plan can make managing for retirement easier.

EVALUATE YOUR INVESTMENT GOALS.

Are you comfortable with your current retirement plan and the performance of your investments? If not, now may be a good time to make adjustments to your long-term investment strategy.

REQUEST A DISTRIBUTION FORM FROM YOUR FORMER EMPLOYER OR INVESTMENT PROVIDER.

A rollover is typically a two-part process – you need one form to move it from its existing location and one form to incorporate it into your new retirement plan. For more information on this process, you may need to contact your former employer or investment provider. Please refer to the list of investment providers in this brochure for contact information.

COMPLETE THE ROLLOVER FORM INCLUDED IN THIS BROCHURE.

You will need to complete one Rollover Contribution Form for every retirement plan balance you want to move into this plan. It's a great way to simplify your retirement savings and planning. **Be sure to complete both sides and have your company's plan administrator sign it to authorize your rollover contribution.**

SEND THE COMPLETED ROLLOVER FORM TO MUTUAL OF OMAHA.
WE'LL TAKE IT FROM THERE!





SIMPLIFY YOUR RETIREMENT PLANNING!

Your previous employer should be able to get the process started. In the event you need to contact the financial service firm(s) directly, here is contact information for some of the major providers:

AIG

877-638-4244
www.aig.com

American Century

800-345-2021
www.americancentury.com

Charles Schwab

800-724-7526
www.schwabplan.com

Citibank

800-CITI-IRA
www.citibank.com

Diversified Investments

800-755-5801
www.divinvest.com

Fidelity Investments

800-544-6666
www.fidelity.com

John Hancock

800-395-1113
www.jhancockpensions.com

Guardian Life

800-847-4015
www.guardianlife.com

Hartford

800-255-2464
www.hartfordlife.com

ING

800-584-6001
www.ingretirementplans.com

Lincoln Financial

800-234-3500
www.lincolnfinancial.com

MassMutual

800-743-5274
www.massmutual.com/retirement

Merrill Lynch

888-800-5359
www.planservices.com/ml

Nationwide

888-867-5175
www.nationwide.com

Principal Financial

800-986-3343
www.principal.com/retirement.htm

TIAA-Cref

800-842-2252
www.tiaa-cref.org

Transamerica

800-401-8726
www.ta-retirement.com

Vanguard

800-523-1188
<https://retirementplans.vanguard.com>

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QUESTIONS?
We're here to help!

Please contact us at:

Mutual of Omaha Retirement Services

10-RPD • ATTN: Rollovers
Mutual of Omaha Plaza
Omaha, NE 68175
800-679-6019 (Option 3)
rollovers@mutualofomaha.com



ROLLOVER CONTRIBUTION FORM

Employee Name: _____ Current Employer: _____
Social Security Number: _____ Date of Birth: _____ Date of Hire: _____
Address: _____ City: _____ ST: _____ ZIP: _____
Daytime Phone: _____ Email: _____

Prior Plan or IRA Information (Required)

Financial Institution: _____
Contact Name: _____ Phone: _____
Address: _____ City: _____ ST: _____ ZIP: _____

Rollover Amount:

100% Full Liquidation
 Specified Dollar Amount \$ _____
Account Number: _____

Type of Plan:

401(k) Profit Sharing Money Purchase 403(b) 457 Traditional IRA Rollover IRA Roth 401(k) Other
Your prior provider may have additional distribution requirements. Please contact your prior provider for any required forms.

Check One:

- I have sent a completed distribution form to my prior plan/IRA. (Please attach a copy.)
 I have requested a distribution form to be sent to me and will complete it and submit it.
 I have not yet requested or completed any form from my prior plan/IRA.

Investment Election (Please check one):

- I elect to have my rollover invested according to my current allocation on file for new deferral contributions.
 I elect to have my rollover invested in the following manner. (See your enrollment booklet or participant website for your plan's investment options.)

_____ % _____
_____ % _____
_____ % _____
_____ % _____

_____ Initial _____ Date

For assistance rolling funds into your plan with Mutual of Omaha, please call (800) 679-6019 (Option 3).

PARTICIPANT ACKNOWLEDGEMENT

I hereby direct you to liquidate all the assets of the contract/account(s) immediately upon receipt of this request. Since this is a rollover, please do not withhold any amount for taxes.

The check should be made payable to "MG Trust Company, LLC – FBO (your name)" and mailed to the address shown below. I further verify that:

- a. These funds represent an eligible rollover distribution and do not include: required minimum distribution (RMD's), any distribution that is part of a series of substantially equal periodic payments lasting ten (10) or more years, distributions due to financial hardship, distributions to a non-spouse beneficiary or nontaxable contributions; and
- b. If I received the distribution, it has not been more than 60 days since receipt.

I am eligible for a direct rollover from the retirement plan, these funds represent only eligible rollover distributions, and I hereby designate this contribution as an eligible direct rollover contribution.

I understand if only a portion of the eligible distribution amount is rolled over, the amount retained (less my cost basis) will be taxed as ordinary income, and if under age 59½, may incur a 10 percent early distribution penalty.

I, undersigned Owner of the previously mentioned account(s) request a rollover of the cash proceeds/account balance to Mutual of Omaha Insurance Company. It is my intention that this surrender and payment shall not constitute either actual or constructive receipt of income for federal income tax purposes, and therefore qualifies as a rollover of assets. I request that my name not appear as a joint payee on the check nor shall any endorsement thereon be necessary for transfer or deposit. If my name is used it must be preceded by the term FBO, or "for the benefit of."

I understand that once assets are rolled to an employer-based qualified retirement plan, they are treated as plan assets and are subject to the provisions of the plan document and federal laws. Qualified retirement plans may have restrictions to when the money in the plan is accessible for withdrawal. Rollover contributions will be subject to minimum distribution requirements, qualified joint and survivor annuity requirements, if applicable, and early distribution penalty rules. I have reviewed my employer's Summary Plan Description for more information regarding withdrawals.

My signature below confirms that the information provided is accurate, my understanding of the preceding acknowledgements and that I am responsible for any tax consequences or penalties which may apply as a result of these transactions.

Participant Signature (*Required*) _____ **Date** _____

Participant Name _____ **Date** _____

REQUIRED

TO BE COMPLETED BY PLAN ADMINISTRATOR OR TRUSTEE

The plan designated is a valid qualified retirement plan (as described in IRC Sec. 401(a)). The undersigned hereby agrees to serve as the Trustee or Plan Administrator for the account of the above named individual and, in that capacity, agrees to accept the rollover of the assets listed.

Name of Organization _____ Plan # _____

Authorized Signature _____ *Date* _____

SEND COMPLETED FORM TO:
FAX: (402) 351-2176
or
EMAIL: rollovers@mutualofomaha.com

MAIL CHECK TO:
Mutual of Omaha Insurance Company
ATTN: Check Zone/RPD
9330 State Hwy. 133
Blair, NE 68008

FOR ASSISTANCE CALL: (800) 679-6019 (Option 3)



UNITED OF OMAHA LIFE INSURANCE COMPANY

Omaha, NE 68175

COMPANION LIFE INSURANCE COMPANY

Hauppauge, NY 11788

(877) 401-SALE (7253)

GetRetirementRight.com

Investment options are offered through a group variable annuity contract (Forms 902-GAQC-09 or 902-GAQC-09(OR) or 902-GAQC-09(CT) or 901-GAQC-07) underwritten by United of Omaha Life Insurance Company for contracts issued in all states except New York. United of Omaha Life Insurance Company, Omaha, NE 68175 is not licensed in New York. In New York, Companion Life Insurance Company, Hauppauge, NY 11788 underwrites the group variable annuity (Form 900-GAQC-07(NY)). Each company accepts full responsibility for each of their respective contractual obligations under the contract but does not guarantee any contributions or investment returns except as to the Guaranteed Account and the Lifetime Guaranteed Income Account as provided under the contract. Neither United of Omaha Life Insurance Company, Companion Life Insurance Company, nor their representatives or affiliates offers investment advice in connection with the contract.

For informational purposes only. Should not be construed as legal or investment advice, a promise of benefits or guarantee of investment performance.

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WILD KINGDOM
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