

# RETIREMENT ACCOUNT

Exchange | Transfer | Rollover Request  
(MG Trust Company)

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Consolidate your retirement assets at Aspire



607 E. Pike Street  
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# RETIREMENT ACCOUNT EXCHANGE | TRANSFER | ROLLOVER CHECKLIST

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**Please note before you complete this form:** If you do not currently hold an account with Aspire Financial Services (Aspire), you must complete a retirement account application prior to requesting an Exchange | Transfer | Rollover. **For rollovers from 401(k) plans, you must initiate the transaction directly with the sending institution. Then you must provide Aspire with a copy of all necessary documentation.**

**For Aspire to process an Exchange | Transfer | Rollover Request, it is important that you adhere to the procedures and provide the documentation listed below:**

**Employer and/or Third Party Administrator's Authorization Form**

Please check with your Employer and/or Third Party Administrator for additional procedures and documentation for the approval of Exchange | Transfer | Rollover request. This authorization form must be signed prior to submittal of Exchange | Transfer | Rollover paperwork.

**Aspire's Exchange | Transfer | Rollover Request Form**

**STEP 1** **Account Holder information:** ALL information is required.

**STEP 2** **Destination Account:** Indicate what type of account should receive the assets.

**STEP 3** **Current Account Information:** ALL information is required. Required Documents include:

- Account Statement:** Please provide a copy of your current account statement
- Surrendering Vendor Form (if applicable):** Please verify the Exchange | Transfer | Rollover policy with the sending institution and obtain any necessary distribution forms. Generally, you must call the surrendering vendor to obtain the proper information and/or forms.

**STEP 4** **Exchange | Transfer | Rollover Instructions.** Please indicate the method of Exchange | Transfer | Rollover – select **only** one method. **\*Note—Select the first box for In-Kind requests; if necessary, attach additional documentation.** For liquidation requests, select one of the three remaining three boxes.

**STEP 5** **Signature and Acceptance:** Signatures **REQUIRED** for the following:

- Account Holder
- Employer/Plan Administrator

A Signature Guarantee is **mandatory** for the Account Holder's Signature. The Signature Guarantee requirement on Employer/Plan Administrator signature is dependent on the surrendering vendor's policy. Please verify requirements with surrendering vendor.

**Financial Advisors: Please route forms through your home office for Signature Guarantees.**

**Account Holders not using Financial Advisor services may obtain a Signature Guarantee from a local bank.**

Please review the above before you submit your request. **Incomplete forms will not be processed and will be returned to you and/or your Financial Advisor.**

Thank you,  
Aspire Financial Services, LLC

**Important Note to Financial Advisors:  
Please fill out the Broker/Dealer contact  
information completely.**

# EXCHANGE | TRANSFER | ROLLOVER REQUEST

Account Number

Complete this form to move funds into an Aspire retirement account. Please note that money received as an Exchange | Transfer | Rollover will be invested in accordance with the Account Holder's investment instructions in effect at that time. The completed form, including the Employer/Administrator signature if applicable, should be mailed to the address on the bottom of this form for processing. Please attach a copy of a recent account statement. Please contact the Employer or the resigning Insurance Company/Custodian for additional forms or requirements prior to submitting this form. **NOTE: For rollovers from 401(k) plans, the Account Holder must initiate the transaction directly with the sending institution.**

- Contract Exchange:** exchange assets within current employer's plan from an approved provider to Aspire.
- Plan-to-Plan Transfer:** move assets from an account with the prior employer to the new account with the current employer.
- Direct Rollover:** transfer of assets from one plan type to another (i.e., 401(k) to 403(b), 403(b) to IRA, etc.)
- Other:** \_\_\_\_\_

## STEP 1 ACCOUNT HOLDER INFORMATION

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_

Home/Legal Street Address (P.O. Boxes **not** accepted) \_\_\_\_\_ Apartment/Suite \_\_\_\_\_

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

Home Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_ Social Security Number                         

Current Employer Name \_\_\_\_\_ Current Employer Phone Number \_\_\_\_\_ Plan ID # \_\_\_\_\_

## STEP 2 DESTINATION ACCOUNT

Account Holder requests the assets be exchanged | transferred | rolled over into Account Holder's Aspire account indicated below (check only 1 box):

- |   |  |   |
|---|--|---|
| <b>403(b)</b><br><input type="checkbox"/> Pre-Tax<br><input type="checkbox"/> ORP<br><input type="checkbox"/> Roth<br><input type="checkbox"/> Other _____                                    | <b>401(k)</b><br><input type="checkbox"/> Pre-Tax<br><input type="checkbox"/> Roth<br><input type="checkbox"/> Other _____ | <b>IRA</b><br><input type="checkbox"/> Pre-Tax<br><input type="checkbox"/> Roth<br><input type="checkbox"/> After Tax |
| <input type="checkbox"/> <b>SIMPLE IRA</b><br><input type="checkbox"/> <b>SEP or SAR-SEP</b><br><input type="checkbox"/> <b>457 Plan</b><br><input type="checkbox"/> <b>Other Acct.</b> _____ |  |   |

## STEP 3 SENDING ACCOUNT INFORMATION

Please verify the Exchange | Transfer | Rollover policy of the sending institution. If necessary, obtain the sending institution's Exchange | Transfer | Rollover paperwork. Please attach a copy of a recent account statement. The assets exchanged | transferred | rolled over into this plan result from an exchange | transfer | rollover from this type of account (check only 1 box):

- |  |  |   |
|--|--|---|
| <b>403(b)</b><br><input type="checkbox"/> Pre-Tax<br><input type="checkbox"/> ORP<br><input type="checkbox"/> Roth<br><input type="checkbox"/> Other _____ | <b>401(k)</b><br><input type="checkbox"/> Pre-Tax<br><input type="checkbox"/> Roth<br><input type="checkbox"/> Other _____ | <b>IRA</b><br><input type="checkbox"/> Pre-Tax<br><input type="checkbox"/> Roth<br><input type="checkbox"/> After Tax |
| <input type="checkbox"/> <b>SIMPLE IRA</b><br><input type="checkbox"/> <b>SEP or SAR-SEP</b><br><input type="checkbox"/> <b>457 Plan</b>                   |  |   |

Name of Insurance Company or Current Custodian (where funds are currently held) \_\_\_\_\_ Contract/Account Number \_\_\_\_\_

Mailing Address \_\_\_\_\_ Dept \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone Number \_\_\_\_\_

If requesting a Plan-to-Plan transfer, please provide the following information:

Former Employer Name \_\_\_\_\_ Former Plan ID # \_\_\_\_\_ Former Employer Telephone Number \_\_\_\_\_

By this Agreement, Account Holder directs the Insurance Company/Custodian to transfer the cash surrender value/asset value of his/her tax-sheltered annuity contract/retirement custodial account as indicated below.

Please initial to acknowledge the following statements:

- Account Holder acknowledges that shares on the Aspire platform will be held at the plan level and may not be eligible for aggregation with Account Holder's personal and/or individual assets for breakpoint purposes.
- Account Holder acknowledges that transfer assets are subject to any and all account fees assessed by Aspire.

**STEP 4 EXCHANGE/TRANSFER/ROLLOVER INSTRUCTIONS (INSTRUCTIONS TO THE CURRENT INSURANCE COMPANY OR CUSTODIAN)**

May not be applicable for rollovers coming from 401(k) plans. These transactions must be initiated by the Account Holder, directly from the sending institution.

- Transfer all of the assets in-kind into the existing retirement custodial account...
Penalty Free Amount: Liquidate and transfer the value of the eligible retirement account...
Transfer % of the cash surrender value/asset value...
Transfer \$ of the cash surrender value/asset value...

\*Liquidated/Cash transfers will be invested as per my current investment elections.

**STEP 5 SIGNATURE & ACCEPTANCE**

**ACCOUNT HOLDER SECTION**

Transfer the above mentioned account/contract to a retirement account offered by Aspire Financial Services, LLC ("Aspire") with a designated custodian. Account Holder understands that he/she may deposit only retirement funds that are allowed under his/her current Employer's Plan.

Account Holder Signature [Signature Line] Date (month | day | year) [Date Line]

Signature Guarantee: The existing retirement account provider may require a signature guarantee of the Account Holder. To obtain a signature guarantee, the Account Holder must sign this form and have it medallion signature guaranteed.

Authorized Signature (Stamp and Title) [Signature Line] Date (month | day | year) [Date Line]

**SPONSOR SECTION**

Based on the information above, this exchange | transfer | rollover contribution is acceptable according to the plan provisions. The Custodian named below is hereby directed to accept this rollover contribution.

Employer/Plan Administrator Signature [Signature Line] Date (month | day | year) [Date Line]

**FINANCIAL PROFESSIONAL SECTION (if applicable)**

Financial Professional Name Telephone Number Email
Broker Dealer Firm FA Number Branch Number
Branch Address Suite/Bldg.
City State Zip

**FOR ADMINISTRATOR INVESTMENT VENDOR USE ONLY**

Aspire or its designee has established an account with the designated custodian and both parties will accept the transfer as described in STEP 4 - "Exchange | Transfer | Rollover Instructions."

Authorized Signature Aspire/Custodian [Signature Line] Date (month | day | year) [Date Line]

Surrendering firm mailing instructions:



Make Checks Payable to: MG Trust Company
Mail Checks to: Aspire Financial Services, LLC
ATTN: Transfers Department
4010 Boy Scout Blvd., Ste. 450
Tampa, FL 33607

If you do not know which custodian is applicable to your account, please call Client Services at 866.634.5873