



# Qualified Business Form

## Owner Information

Owner's Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

City / St / ZIP: \_\_\_\_\_ Telephone: \_\_\_\_\_

## Tax-Qualified Retirement Accounts / Contracts Request for Direct Rollover / Transfer

Please confirm the availability of these options with United of Omaha.

### Complete for all Transfers:

I wish to liquidate and transfer from my present qualified account to the contract / policy I have established through United of Omaha:

- Entire Value or  Partial Value, in the amount of: \$ \_\_\_\_\_ or \_\_\_\_\_ %, or  
 Penalty Free Amount (This amount is subject to change based on the product provisions.  
Please check with the surrendering company to verify the amount.)

### Transferred from:

- Traditional IRA  SEP-IRA  Pension Plan  401(a)  401(k)  457(b) Plan  
 TSA/403(b) \*  Other \_\_\_\_\_

\* All existing TSA loans must be reconciled with your current carrier prior to the transfer.

Note: Roth IRA funds can be transferred only to another Roth IRA. Mutual of Omaha currently does not offer a Roth IRA option, so Roth IRA funds cannot be transferred to Mutual of Omaha.

## Traditional IRA / SEP IRA

I, the taxpayer, must be listed on the application as both the sole owner and annuitant of the annuity contract.

If a **TRANSFER** from an existing Traditional, SEP or SIMPLE IRA, I certify that these amounts are eligible to be transferred and my required minimum distribution (RMD) has been removed prior to having these funds transferred.

If a **ROLLOVER** from an existing Traditional, SEP or SIMPLE IRA, I certify that:

- If I received the distribution, it has not been more than 60 days since receipt; and
- I have not received any other distribution within the last 12 months from the distributing IRA which was also rolled over, and 12 months have elapsed since the assets involved with this transaction were rolled over from one IRA to another IRA; and
- if required to do so, I have removed my required minimum distribution (RMD); and
- if from a SIMPLE IRA, two years have passed since my initial participation in the plan; and
- I hereby irrevocably designate this contribution as an eligible rollover contribution and accept full responsibility for the tax consequences of this transaction.

If a **ROLLOVER** from a 401(a) Qualified Retirement Plan or Governmental 457 Plan, I certify that:

- these funds represent an eligible rollover distribution and do not include: required minimum distributions (RMDs), any distribution that is part of a series of substantially equal periodic payments lasting ten (10) or more years, distributions due to financial hardship or distributions to a non-spouse beneficiary; and
- if I received the distribution, it has not been more than 60 days since receipt; and
- I hereby irrevocably designate this contribution as an eligible rollover contribution and accept full responsibility for the tax consequences of this transaction.

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% early distribution penalty.

If a **DIRECT ROLLOVER** from a 401(a) Qualified Retirement Plan or Governmental 457 Plan, I certify that I am eligible for a direct rollover from my existing retirement plan and these funds represent only eligible rollover distribution amounts. I hereby irrevocably designate this contribution as an eligible direct rollover contribution.

If **SUBSEQUENT** or **RECURRING IRA CONTRIBUTIONS** are received by United of Omaha without a Qualified Business Form or other written instructions, the payment received will be applied as a current year normal IRA contribution.

If a **SEP-IRA**, I understand that the annuity I am purchasing is an IRA annuity, which is a funding vehicle for a "Simplified Employee Pension" (SEP). To establish a SEP, a plan document such as IRS Form 5305-SEP, must be signed by the employer, and the SEP must be administered according to federal tax law.

**Signatures**

Your signature below indicates your understanding of the preceding acknowledgments; that you are responsible for any tax consequences or penalties which may apply as a result of these transactions; for determining that this annuity meets your specific needs; for reviewing the IRA disclosure statement and any applicable prospectus; and for accepting the annuity contract which identifies the surrender charges or other annuity fees.

Signature of Owner **X**: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Joint Owner **X**: \_\_\_\_\_ Date: \_\_\_\_\_

Signature Guarantee **X**: \_\_\_\_\_ Date: \_\_\_\_\_  
(if applicable)

Signature of Producer **X**: \_\_\_\_\_ Date: \_\_\_\_\_

Agency Name: \_\_\_\_\_ Producer Production #: \_\_\_\_\_

**Complete Contract Information for Surrendering Company**

Surrendering Company Name: \_\_\_\_\_  
(Complete one form for each surrendering company)

Surrendering Company Account / Policy / Contract #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Phone: \_\_\_\_\_

**Transfer**     **Rollover**     **Indirect Rollover**

Add to existing annuity contract # \_\_\_\_\_ with United of Omaha.

All checks are to be made payable to **United of Omaha** and be identified as being for the benefit of the owner.

Please forward check directly to:

United of Omaha Life Insurance Company  
Individual Annuity Services  
PO Box 8303  
Omaha, NE 68108-9908      **FOR FIXED ANNUITY (800) 646-7592**



**Lost Annuity Statement**

I, \_\_\_\_\_, hereby certify that annuity contract number \_\_\_\_\_, has been lost or destroyed and that the contract is not assigned or pledged in any way whatsoever. I agree that should the original contract be found or in any way come into my possession, I will return the contract to the issuing company, its successors or assignees. It is distinctly understood and agreed that the original annuity contract shall become null and void.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

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

Owner: \_\_\_\_\_

**HOME OFFICE USE ONLY:**

United of Omaha hereby accepts the Direct Rollover or Transfer of Assets of the IRA or Qualified Retirement Account and is willing to accept the assets and proceeds. It is understood from the owner that the current retirement account assets are eligible for direct rollover or transfer under IRS regulations.

Print Name of Authorized Office: \_\_\_\_\_

Title of Authorized Officer: \_\_\_\_\_

Signature of Authorized Officer **X**: \_\_\_\_\_

Date: \_\_\_\_\_