

## AUTHORIZATION TO TRANSFER FUNDS

**TO: Serb National Federation, 920 Poplar Street, Pittsburgh, PA 15220**

**FROM:**

Financial Institution/Insurance Company

Address City State Zip

Account/Certificate Holder's Name Social Security Number

Address City State Zip

Non- Qualified,  Life insurance,  Tax Qualified  
Account/Certificate Number (i.e., IRA, SEP, ROTH, Pension Plan)

If Tax Qualified Select one of the following if a Required Minimum Distribution (RMD) is required in the current year:

RMD already taken for current year,  Distribute RMD before Transfer,  RMD to be taken from SNF Life

The undersigned hereby requests and directs that the following action be taken 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 "Serb National Federation 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: Serb National Federation, 920 Poplar Street, Pittsburgh, PA 15220

BY: \_\_\_\_\_  
National Officer