

PLEASE NOTE: THIS FORM IS USED ONLY FOR SENDING FUNDS FROM CAMAPLAN TO THE ORIGINATING PLAN

1. Participant Details

Participant Name

Mailing Address

Street

City

State

ZIP

Last 4 Digits Soc. Sec. No.

Cama Acct. No.

Name of Sponsoring Employer:

I Am a:

Participant

Trustee

Spouse Beneficiary

Non-Spouse Beneficiary

Ex-Spouse

Funds are in:

Outsourced 401K

2. Transfer or Rollover Details

This is an:

Intra-Plan Transfer

Originating Plan Custodian

Mailing Address

Street

City

State

ZIP

Contact Name

Phone

Funds are going to a:

Qualified Plan (401(k), 403(b), etc...)

Name of Plan

Account #

This is a: (choose one)

A. Complete Transfer

Send \$

in cash to Originating Plan

I authorize CamaPlan to close my account

B. Partial Transfer

Send \$

in cash to Originating Plan

How would you like your funds to be sent

TO the originating plan? (choose one)

Check

Wire

Overnight Courier*

2-Day Courier*

*Additional shipping charges may apply

Transaction fees to be paid by:

Your account

Check

Credit card (Please call 866-559-4430 to provide credit card details)

