Rollover Request

Current IRA or Qualified Plan Information

<table>
<thead>
<tr>
<th>Current Trustee/Custodian name</th>
<th>Account number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street address</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>State</td>
</tr>
</tbody>
</table>

1. My funds are coming from the following type of IRA or Qualified Plan:

- [ ] Pension
- [ ] 401(k)/401(a)
- [ ] 403(b)
- [ ] Traditional IRA
- [ ] SEP IRA
- [ ] SIMPLE IRA
- [ ] SARSEP

2. Liquidation Instructions

<table>
<thead>
<tr>
<th>Asset Description</th>
<th>Amount of Rollover - $ or %</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This transaction is to be executed between the Trustee/Custodian and will not place the account holder in actual receipt of all or any of the account assets.

3. Required Minimum Distribution (RMD) - only applies to individuals age 70 1/2 or older

Check one:

- [ ] I have satisfied my current year RMD.
- [ ] I authorize the Trustee/Custodian above to distribute my RMD to me prior to rollover.
INVESTMENT INSTRUCTIONS

The contribution will be deposited according to the most current contribution allocation on record unless a different allocation is specified below.

<table>
<thead>
<tr>
<th>Fund Name</th>
<th>Percentage</th>
<th>Fund Name</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

CERTIFICATION

By my signature, I represent that:

• This is **not** a ROTH IRA, ROTH 401(k), 457 Deferred Compensation Plan or Inherited IRA.

• I understand contributions (including rollover contributions) to my 401(a) account can only be withdrawn within established IRS and plan rules (i.e., after age 62 if actively employed, or at termination, retirement, or death).

• I understand the rules and conditions applicable to direct rollovers and certify that I qualify for a direct rollover of the funds or assets listed above. Due to the tax consequences of rolling over funds to a qualified pension plan, I have been advised to see a tax advisor. I hereby request payment from the plan designated above in the form of a direct rollover. I assume full responsibility for this direct rollover transaction and will not hold Securian Financial, Minnesota Life, the Plan Sponsor or administrator of either the distribution or receiving plans liable for any adverse consequences that may result. I hereby irrevocably designate this contribution of funds as a direct rollover contribution.

Signature: X  Date: 

TO CURRENT INVESTMENT COMPANY

Securian certifies that the receiving plan is a qualified plan under IRS 401(a) and will accept the rollover notified on this form. Questions may be directed to our Plan Specialists at 1-800-421-3334.

Please liquidate and transfer on a fiduciary basis all or part of the designated account as instructed on this form.

Check instructions:

Make check payable to **SECURIAN RETIREMENT, P.O. BOX 64925, ST PAUL, MN 55164-0925**.

The check should include account owner’s name, Social Security number, and U of M plan #1130.

Wire transfer instructions:

**US Bank National Association, Minneapolis, Minnesota ABA #091000022**

For Credit to: Securian Retirement #1801-10-00-6004

Include account owner’s name, Social Security number, and U of M plan #1130.

Securian acceptance Date of acceptance