



## 1. Participant Details

Participant Name

Mailing Address

Street

City

State

ZIP

Soc. Sec. No.

Cama Acct. No. (Leave blank if new account)

Name of Sponsoring Employer:

I Am a:

- ☐ Participant  
☐ Trustee  
☐ Spouse Beneficiary  
☐ Non-Spouse Beneficiary  
☐ Ex-Spouse

Funds are in: (Select One)

- ☐ Roth  
☐ Traditional

## 2. Transfer or Rollover Details

This is a: (Choose One)

- ☐ Transfer  
☐ Rollover (not for Outsourced 401(k))

Current Trustee/ Custodian Name

Mailing Address

Street

City

State

ZIP

Contact Name

Phone

Funds are coming from a:

- ☐ Qualified Plan (401(k), 403(b), etc...)  
☐ IRA (not for Outsourced 401(k))

Name of Plan

Account #

This is a: (choose one)

- ☐ A. Complete Transfer or Rollover

(Choose one option below)

- ☐ Liquidate all assets and transfer proceeds to CamaPlan

Transfer All Assets "in-Kind"

1.

2.

(This option is not for outsourced)

B. Partial Transfer or Rollover

- ☐ Send \$   
in cash to CamaPlan

Transfer these Assets "in-Kind"

1.

2.

How would you like your funds to be sent FROM your current custodian?

- ☐ Check ☐ Wire\*

How would you like your request to be submitted?

- ☐ Regular Mail ☐ 2-Day Courier\*  
☐ Express Mail\* ☐ Fax to:

\*Additional charges may apply



### 3. Signatures

I authorize this transfer to or from CamaPlan for alternative investment and recordkeeping purposes.

I understand that no contributions or distributions will take place out of this account without written documentation from the trustee and the Third Party Administrator(TPA). I understand vesting should be in the "Plan Name" FBO "plan participant name". I authorize CamaPlan to provide all record keeping information to the plan trustee and/or the (TPA). I understand that I, my trustee, and/or my TPA are responsible for all reporting to federal and state taxing authorities including, but not limited to, contributions, distributions, tax returns, fair market values(FMV), etc. and CamaPlan is only providing record keeping services. I understand that CamaPlan has no fiduciary responsibility for any investment choices I make. I understand that CamaPlan does not render tax, legal, accounting, investment, or other professional advice. If tax, legal, accounting, investment, or other similar expert assistance is required, the services of a competent professional will be sought

☐ **For Outsourced Plans** - I understand this is an Outsourced Plan that will allow intra-plan transfers to facilitate alternative investing options as well as traditional investments

\_\_\_\_\_  
**CamaPlan Account Holder's Signature**

\_\_\_\_\_  
**Date**

(Medallion Signature Gaurentee Stamp)

If required

### 4. Trustee and/or TPA Acceptance

I understand that this transfer has been initiated and that no contributions or distributions from this account will occur without my written knowledge and authorization.

\_\_\_\_\_  
**Trustee Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Third Party Administrator Signature**

\_\_\_\_\_  
**Date**

#### Mailing Instructions:

Make check payable to:

#### Mailing Address

Street

City

State

ZIP

#### Wiring Instructions:

Wire to:

Bank Address

City

State , Zip

Benef. Name

Benef. Acct #

Bank ABA

Memo