



**\*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)



### 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 Guarantee 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