



Please return this form to:
 GEBA Wealth Management
 P.O. Box 206
 Annapolis Junction, MD 20701-0206
 Or fax (301)688-6694 or email geba@geba.com

Member Number

Telephone:
 (301) 688-7912 or (800) 826-1126

GEMBA Supplemental Retirement Plan IRA Transfer Form

Applicant's Name (First, MI, Last)			Social Security Number		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Divorced <input type="checkbox"/> Widow/Widower <input type="checkbox"/> Single <input type="checkbox"/> Separated						
Street Address			Date of Birth (mm/dd/yyyy)		Home Email Address	
City	State	ZIP	Home Phone No.	Work Phone No.	Cell Phone No.	

Type of IRA you want to transfer: Traditional IRA Roth IRA

Financial institution where your IRA is now:

Name of Institution: _____ Account #: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____
 Phone Number: _____ Contact Person: _____

Assets you want to transfer:

Liquidate and transfer: Balance Partial Amount: \$ _____ Upon Maturity Immediately

How you want your assets invested with GEMBA:

<input type="checkbox"/> Existing Stable Value Account (SVA) IRA <i>Must complete and attach a SVA Contribution Form in addition to this transfer form</i>	<input type="checkbox"/> New Stable Value Account (SVA) IRA <i>Must complete and attach a SVA New Account Form in addition to this transfer form</i>
<input type="checkbox"/> Existing MetLife Variable Annuity (VAC) IRA <i>Must complete and attach a MetLife Variable Annuity Contribution form in addition to this transfer form. Fixed account is no longer available.</i>	

Signature of Account Owner

If your current financial institution requires a Medallion signature guarantee, **DO NOT** sign this form until you are in the presence of the authorized officer. You can get a signature guarantee from an authorized officer of a bank, broker, and many other financial institutions. **A notary public CANNOT provide a signature guarantee.**

Signature: _____ Date: _____

Medallion Signature Guarantee (If required)

Signature of Authorized Officer of Guarantor: _____ Officer Title: _____

Name of Institution: _____ Date: _____

<p>OFFICIAL GEBA USE ONLY GEMBA Authorization: The GEMBA Supplemental Retirement Plan hereby represents it has established for the above-named individual an IRA that qualifies under Section 408 or 408A of the Internal Revenue Code and will apply the proceeds of the above described IRA asset transfer to such IRA upon Receipt. Authorized GEMBA Signature: _____ Date: _____</p> <p>Instructions to Trustee: Please make check payable to GEMBA. Account owner's Social Security number or GEMBA member ID number must be included on the redemption proceeds check. Mail to: GEMBA, P.O. Box 206, Annapolis Junction, MD 20701-0206.</p>
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<p>Guarantee Stamp</p>
