GEMBA Supplemental Retirement Plan
IRA - Transfer Form

Solutions today for a secure financial tomorrow.

Please return this form to: GEBA, 6760 Alexander Bell Drive, Suite 100, Columbia, MD 21046.
Call us with questions at (301) 688-7912 or (800) 826-1126.

Member Information:

1. Name of current Trustee/Custodian: _____

   Street or PO Box: _____

   City: _____ State: _____ ZIP: _____

2. Name: _____

   Account # at Current Institution: _____

3. Type of Account: ☐ Traditional IRA ☐ Roth IRA

4. This authorization to liquidate and transfer: ☐ Balance ☐ $ _____

   of named account to the GEMBA Supplemental Retirement Plan : ☐ immediately ☐ upon maturity _____ (Date)

Member Signature:

Signature: _____ Date: _____

Signature Guarantee: _____

**A contribution form (Fixed or Variable) is also required to complete transfer.*

The GEMBA Supplemental Retirement Plan has arranged to establish a ☐ Traditional IRA or ☐ Roth IRA account *(please check one)* for the above individual and will accept this transfer. Please make check payable to GEMBA and mail to: GEMBA, P.O. Box 206, Annapolis Junction, MD 20701-0206. Also include the following information on the check:

FBO: _____ SSN: _____

_____ _____

Authorized GEMBA Signature Date

If you have any questions regarding this request, please call (301) 688-7912 or (800) 826-1126.

For Office Use Only:

Request Received: _____ Check Received: _____

Request Mailed: _____ Transfer Amount: _____

Mailed By: _____ Wire Date: _____