SECURITY BENEFIT

LA Dodgers 401(k) Plan

ROLLOVER AN OLD 401(K) INTO YOUR LA DODGERS 401(K)

If you want to rollover a previous 401(k) into your current retirement plan, please follow these steps:

1	Work with your prior plan's recordkeeper to confirm how they release funds as a distribution to rollover into the LA Dodgers Plan. They may have their own form or allow you to process over the phone or online.
2	Request that the distribution check be made payable to Security Benefit Retirement Plan Services FBO [Your Name] and there should be a reference to **plan ID 501845000** on the check.
3	Once you know how your prior vendor will release your funds, fill out the Security Benefit Incoming Funds Request Form, included (starting on page 2). **Important Note:** This form must be used for you to request approval from the LA Dodgers to move assets from another plan. Once you've completed the form, you will sign the form, submit it to POps@LADodgers.com for their signature, and they will submit it to Security Benefit for final processing.

If you have any questions about the rollover process, please contact us at 800.747.3942.

Security Benefit®
TO AND THROUGH RETIREMENT

Dodgers

Your path *To and Through Retirement*®
begins here.

Talk to your financial professional to learn more or contact us at 800.747.3942.

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TO AND THROUGH RETIREMENT

Dodgers

One Security Benefit Place | Topeka, KS 66636 | SecurityBenefit.com

43-11700-04 | 2025/05/06

Security Benefit®

Los Angeles Dodgers 401(k) Plan Incoming Funds Request

Questions? Call our National Service Center at 1-800-747-3942.

Instructions

Use this form to transfer funds from your current carrier to Security Benefit. Complete the entire form. Please type or print.

1. Please contact your current carrier for any requirements it may have for transferring money to another company.
   Note: If you are 73 and are unemployed, the Required Minimum Distribution must be completed by the current carrier prior to requesting this transfer of funds.
2. Obtain Signature Guarantee if required by your current carrier.
3. Upon receiving this material, Security Benefit will send this Incoming Funds Transfer form, along with an acceptance letter to the carrier exchanging/transferring the assets.

Notice to Current Carrier

This completed form and your current carrier's form along with a check made payable to Security Benefit for the benefit of the Participant listed on this should be mailed to:

Mail to:

Security Benefit Retirement Plan Services
P.O. Box 219141
Kansas City, MO 64121-9141
Fax to: 816.701.7626

For expedited or overnight delivery:

Security Benefit Retirement Plan Services
430 W. 7th Street STE 219141
Kansas City, MO 64105-1407

Step 1: Provide Security Benefit Account Information

Plan Number 501845000

Plan Name Los Angeles Dodgers 401(k) Plan

Name of Participant ______________ First ______ MI ______________ Last

Mailing Address ______________ Line 1 ______________ Line 2

______________ City ______________ State ______________ Zip Code

Social Security/Tax I.D. Number ______________

Daytime Phone Number ______________ **Mobile/Home Phone Number** ______________

Please indicate the type of account you would like to transfer your funds to.

☐ 401(k) ☐ Roth 401(k)

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Step 2: Provide Your Current Carrier Information

Please fill out the name and contact information of your current carrier.

Current Carrier's Name ______________________________

Mailing Address ______________________________ ______________________________
Line 1 Line 2

______________________________ ______________ ______________
City State Zip Code

Phone Number ______________________ **Account Number for Current Carrier** ______________________

Please indicate the account type you have with your current carrier (check one).

- ○ 401(a)
- ○ 403(b) TSA
- ○ Roth 403(b)(7)
- ○ SEP-IRA
- ○ 401(k)
- ○ Roth 403(b) TSA
- ○ 457(b) Governmental
- ○ Traditional IRA
- ○ SIMPLE IRA
- ○ Roth 401(k)
- ○ 403(b)(7)

Please indicate the investment type you have with your current carrier (check one).

○ Annuity ○ Bank CD ○ Mutual Fund

If this request involves an annuity and your entire account balance, please check one of the following. My policy is:

○ Enclosed ○ Lost/Destroyed

Step 3: Set up Rollover Option

Amount of Rollover

○ Liquidate my entire Account: Estimated Value $ ______________________

○ Liquidate a specified amount: Amount to Transfer $ ______________________

○ Transfer over __________ years

○ Monthly ○ Quarterly ○ Semi-Annually ○ Annually

Distribution Requirements (if applicable)

I certify that applicable requirements have been met for distribution. Check all that apply:

☐ Age 59 ½ ☐ Disabled ☐ Severance from employment on ______________
Date (mm/dd/yyyy)

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Step 4: Provide Investment Direction

Refer to the Quarterly Performance or Fund List and indicate your investment preferences below.

Please invest the funds (check one):

◯ As indicated on the enrollment form; or for an existing account, to the allocations on file.

◯ According to the Investment Allocations indicated below. Indicate whole percentages totaling 100%.

If no option is indicated above, the funds will be invested according to the allocations on file or the plan's default option.

Percentage	Fund Name
___ %	
___ %	
___ %	
___ %	
___ %	
___ %	
___ %	
___ %	
___ %	
___ %	

Must Total 100%

Step 5: Provide Signatures

As the Participant, I understand, acknowledge and certify that:

- I am responsible for tax consequences which could include the imposition of penalties, additional taxes and interest. Security Benefit assumes no responsibility or liability for any effects of this transaction.
- I am aware of my right to receive information regarding my current account, including account values.
- I certify that the information provided is correct and complete.
- I should contact my Financial Professional to confirm the assessment of redemption fees and the availability of certain funds.

X ______________________________ Signature of Participant | ______________ Date (mm/dd/yyyy) | ______________ (You must include your designation if signing as a trustee, executor, custodian, guardian, or attorney-in-fact.)

X ______________________________ Signature of Plan Sponsor | ______________ Date (mm/dd/yyyy) | ______________ Title

Notice for persons residing in a community property state: (1) the contract or proceeds thereof may be considered community property; (2) Security Benefit will administer the contract according to its terms, i.e., the owner can exercise all rights and privileges under the contract; (3) you are encouraged to consult with your legal counsel regarding any community property questions or concerns prior to effecting this transaction. The owner is solely responsible for determining the rights of the owner's spouse with respect to the contract and any transactions involving the contract. Security Benefit makes no representation regarding the characterization of the contract or the benefits thereunder as community property.

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If you are transferring funds to or from an ERISA Plan or to or from an IRA, your Financial Professional must complete this section and sign below.

THE FOLLOWING REPRESENTATIONS, WARRANTIES, AND CERTIFICATIONS APPLY WITH RESPECT TO THE PROVISION OF FIDUCIARY INVESTMENT ADVICE (AS DEFINED IN SECTION 3(21)(A)(iii) OF THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974, AS AMENDED ("ERISA"), SECTION 4975(e)(3)(B) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED (THE "CODE"), AND GUIDANCE ISSUED BY THE UNITED STATES DEPARTMENT OF LABOR), PROVIDED IN RELATION TO THE TRANSACTION CONTEMPLATED BY THIS FORM, INCLUDING ADVICE TO ROLL OVER (1) THE ASSETS OF A PLAN SUBJECT TO ERISA ("PLAN") TO ANOTHER PLAN, (2) PLAN ASSETS TO AN INDIVIDUAL RETIREMENT ACCOUNT DESCRIBED IN CODE SECTION 4975(e)(1)(B) THROUGH (F) ("IRA"), (3) AN IRA TO A PLAN, OR (4) AN IRA TO ANOTHER IRA

By signing below, I represent, warrant, and certify to Security Benefit that I have complied with the United States Department of Labor's Prohibited Transaction Exemption (PTE) 2020-02, in connection with the transaction contemplated by this form.

Without limiting the generality of the foregoing, I represent, warrant, and certify to Security Benefit that I:

(1) acted in accordance with the "Impartial Conduct Standards," including:

- a. the investment advice I provided regarding the transaction was in the Participant's best interest;
- b. the combined total of all fees I have received and will receive for my services does not exceed reasonable compensation within the meaning of ERISA Section 408(b)(2) and Section 4975(d)(2) of the Code; and
- c. I made no materially misleading statements to the Participant with respect to the recommended transaction and other relevant matters.

(2) made the following written disclosures to the Participant:

- a. an acknowledgment that I (and my supervising financial institution) am a fiduciary for purposes of ERISA and Section 4975 of the Code;
- b. a description of the services to be provided and my and my financial institution's material conflicts of interests, that is accurate and not misleading in any material respect; and
- c. Effective July 1, 2022 or as otherwise mandated by the United States Department of Labor, if my advice involved a rollover recommendation, documentation of the specific reasons for that recommendation.

(3) am not ineligible to rely on PTE 2020-02; and

(4) am in compliance with all applicable conditions of PTE 2020-02.

Additionally, I acknowledge that neither Security Benefit nor any of its affiliates is a fiduciary with respect to the Participant's transaction.

Name of Financial Professional ______________________________

Financial Professional Number ______________________________

Financial Professional Phone Number ______________________________

Broker/Dealer Name ______________________________

Financial Professional Email ______________________________

X ______________________________ ______________
Signature of Financial Professional Date (mm/dd/yyyy)

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Step 6: Obtain Signature Guarantee

Please obtain a Signature Guarantee ONLY if required by your Current Carrier.

You can obtain a Signature Guarantee from a bank, broker or other acceptable financial institution. A Notary Public cannot provide a Signature Guarantee.

X ______________________________ ______________ ______________________

Signature of Guarantor | Date (mm/dd/yyyy) | Title or Name of Institution

Place Signature Guarantee Stamp Here

Step 7: Security Benefit Acceptance

To be completed by Security Benefit. Security Benefit hereby agrees to accept the transfer of the proceeds identified on this form.

X ______________________________ ______________ ______________________

Signature of Accepting Carrier | Date (mm/dd/yyyy) | Title

Mail to:

Security Benefit Retirement Plan Services
P.O. Box 219141
Kansas City, MO 64121-9141
Fax to: 816.701.7626

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Visit us online at SecurityBenefit.com