

IBIS 105-125 Advantage Plan Employee Transfer Form

To be used by a bank when Employee is transferring between locations.

Return to: 105/125 Department
800.258.1415 phone
515.286.4244 fax

Iowa Bankers Insurance & Services, Inc
PO Box 6210
Johnston, IA 50131

Employer Name/Location	Billing/Routing Number
Name	Social Security Number
New Address	New Email

EMPLOYER INFORMATION

Both Plans listed under Holding Company: _____

Current Employer Name & Location	Routing Number	Number of Annual Payroll Deductions

EMPLOYEE INFORMATION

New Employer Name & Location	Routing Number	Number of Annual Payroll Deductions

ELECTION INFORMATION – Current Employer

Employee Annual Election	Employer Annual Contribution	Employee Per Pay Period Contribution	Employer Per Pay Period Contribution	Number of Pay Periods Paid

PLEASE NOTE

If the employee is changing their bank account, they must complete the ACH Change Form.

ACKNOWLEDGMENTS

We are transferring Employee _____ as of _____ to another location within our holding company. Please make the necessary changes to their flex election. We have paid this employee through _____ which is a total of _____ pay periods. There will be a total of _____ pay periods at the new location. Please adjust the election.

Employee _____ Date _____

Employer/Title _____ Date _____

