

# Incoming Account Transfer/Exchange

## Rollover/Liquidation Request

(Complete in Blue or Black ink) 15-119-1 (03/17)



Important: The transfer value should be that which is to be applied to an Amerigo product. Amerigo cannot act as an intermediary to forward funds to other carriers.

### 1. NAME OF SURRENDERING COMPANY

Company Name	Account/Policy/Contract Number
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Address (Physical) (Overnight delivery not available for a PO Box address)

City	State	ZIP
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Phone Number	FAX Number	E-Mail Address
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I have verified that the above-surrendering company accepts faxes.  I have verified that the above-surrendering company accepts e-mails.

### 2. NAME OF INSURED/ANNUITANT/OWNER/PARTICIPANT AT SURRENDERING COMPANY

Insured/Annuitant	SSN
Joint Annuitant	SSN
Owner	SSN
Joint Owner	SSN

### 3. 1035 EXCHANGES AND SURRENDER (Also complete sections 1, 2, and 13)

NON-QUALIFIED ANNUITY, ENDOWMENT, OR LIFE INSURANCE CONTRACT

1035 to a non-qualified annuity  1035 to a non-qualified life contract

Surrender to a non-qualified annuity  Surrender to a non-qualified life contract  Transfer on maturity date Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

The undersigned as owner of this contract elects to surrender the said contract for its net cash surrender value and direct the transferring company to make payment(s) to Amerigo. (If surrendering check this box.)

Full Exchange/Surrender: Approximate Transfer Amount: \$ \_\_\_\_\_

I hereby make a complete and absolute assignment and transfer all rights, title and interest of every nature and character in the Life insurance policy or annuity contract listed above to Amerigo insurance companies in an exchange intended to qualify as a tax-free exchange under Section 1035 of the Internal Revenue Code ("Code"). I understand that the Company will, upon receipt of the Request and Application for a new annuity or life insurance contract, request the complete surrender of the Policy or contract listed above and apply the cash surrender value to the new annuity contract being issued as part of this tax-free exchange.

Partial Exchange/Surrender: \$ \_\_\_\_\_ or Penalty Free Amount: \_\_\_\_\_% (Annuity only)

I intend to retain full ownership of my existing life insurance policy or annuity contract. I want to make a partial tax-free exchange in conformity of Section 1035 of the Code by assigning a portion (set forth above) of the accumulated value to the Company and having that amount transferred directly to the Company to purchase a new annuity or life insurance contract. I understand that upon receipt of the Application for a new annuity or life insurance contract, and upon receipt of the amount transferred from the policy or contract listed above in section 1, the Company will apply the amount received to the new annuity or life insurance contract. I request that the amount of the accumulated value indicated above be withdrawn from the policy or contract listed above and transferred to the Company in the partial exchange.

In accordance with the Tax Equity and Fiscal Responsibility Act of 1982, please furnish a statement to the assignee and to the former contract holder of the cost basis in the contract.

### 4. NON-QUALIFIED TRANSFER OF ASSETS (Also complete sections 1, 2, and 13)

FROM NON-INSURANCE ACCOUNTS TO NON-QUALIFIED ANNUITIES

Type of Account (select one):  Bank Certificate of Deposit (CD)  Mutual Fund  Brokerage Account  
 Money Market  Other: \_\_\_\_\_

Select One:  Liquidate on maturity date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Liquidate upon receipt of this request

Type of Liquidation (select one):  Complete Liquidation of Account: Approximate Transfer Amount \$ \_\_\_\_\_  
 Partial Liquidation of Account: Approximate Transfer Amount \$ \_\_\_\_\_ or \_\_\_\_\_%

**5. QUALIFIED ASSETS: DIRECT TRANSFER/ROLLOVER OF RETIREMENT ACCOUNTS** (Also complete sections 1, 2, 7 (if applicable), and 13)

<b>Current plan type:</b>			<b>Plan type you will have at Amerigo:</b>	
<input type="checkbox"/> Traditional IRA	<input type="checkbox"/> Keogh	<input type="checkbox"/> Pension Plan	<input type="checkbox"/> Traditional IRA	<input type="checkbox"/> Inherited IRA
<input type="checkbox"/> Roth IRA	<input type="checkbox"/> 401(k)	<input type="checkbox"/> 512 Plan	<input type="checkbox"/> Roth IRA	<input type="checkbox"/> QLAC IRA (Platinum Provider only)
<input type="checkbox"/> SEP IRA	<input type="checkbox"/> 457(d)	<input type="checkbox"/> Defined Benefit Plan	<input type="checkbox"/> SEP IRA	<input type="checkbox"/> 457(d) (existing Amerigo contracts only)
<input type="checkbox"/> SIMPLE IRA	<input type="checkbox"/> Profit Sharing	<input type="checkbox"/> 403(b)	<input type="checkbox"/> Other: _____	

If your current account is an annuity (select one):  Full Transfer of Assets to Amerigo.  
 Partial Transfer of Assets to Amerigo: \$ \_\_\_\_\_ or Penalty Free Amount: \_\_\_\_\_ %

**6. LIQUIDATION OF QUALIFIED MUTUAL FUNDS/BROKERAGE/MONEY MARKET OR CD ACCOUNTS** (Also complete sections 1, 2, 5, and 13)

Fund Account/Plan Name	Specific Amount (if applicable)	Percentage (if applicable)	Full or Partial Liquidation
		%	<input type="checkbox"/> Full <input type="checkbox"/> Partial
		%	<input type="checkbox"/> Full <input type="checkbox"/> Partial

**7. 403(b) CONTRACTS ONLY** (Also complete sections 1, 2, 6 (mutual funds), 10, and 13)

Full Transfer/Exchange  Partial \$ \_\_\_\_\_ (NET) For mutual funds please complete section 6.

403(b) contracts only: Qualifying Event (choose one):  
 Attainment of age 59½  Employer distribution form attached  Separated from service  Retired

Plan to Plan transfer. Transfer of assets from one employer plan to a different qualified employer plan. List all employers associated with prior contributions made to the plan being transferred (complete Section 9): \_\_\_\_\_

Exchange. Change of investments within the same employer plan. List all employers associated with prior contributions made to the investment being exchanged (complete Section 9): \_\_\_\_\_

403(b) Direct Rollover (annuitization). This amount represents all or part of my eligible rollover distribution as provided by P.L. 102-318. I understand there will be no mandatory 20% withholding from this distribution because it is a direct rollover to an eligible retirement plan as defined under applicable tax law.

Payment Frequency:  Monthly  Quarterly  Semi-annually  Annually Total number of payments expected: \_\_\_\_\_

Amount per payment to be transferred: \$ \_\_\_\_\_ Balance accumulated as of 12/31/88: \$ \_\_\_\_\_

**8. REQUIRED MINIMUM DISTRIBUTION (RMD) INFORMATION FOR QUALIFIED PLANS ONLY** (Also complete sections 1, 2, and 13) (Complete applicable sections 5, 6, and 7)

Current carrier should distribute my RMD to me prior to transferring/rolling over my account.  
 Current carrier should proceed with the transfer/rollover because the requirements for the current year have been met.

**9. TSA EMPLOYER'S ACKNOWLEDGEMENT** (Signed by Employer/Plan Administrator, complete sections 1, 2, 7, and 14)

As the employer/plan administrator of the plan under which the individual identified in section 1 of this form is a current or former plan participant, I hereby acknowledge that this transaction is permitted under the employer's plan and is hereby approved.

**Note:** Amerigo requires that you enter into Information Sharing Agreement with us before this transfer/rollover can be processed. The employer/plan administrator must sign/date the Information Sharing Agreement, make a copy for their records and return the original along with the application to Amerigo.

Name of Employer/Plan Administrator (please print)		Title (please print)	
E-Mail Address	Phone Number	FAX Number	
Address of Employer/Plan Administrator (please print)			
City		State	ZIP

\_\_\_\_\_  
Signature of Employer/Plan Administrator Date

**10. LOST CONTRACT/POLICY OR ACCOUNT BOOK STATEMENT**

Unless the surrendering company's policy or contract is attached, I affirm that the policy or contract has been destroyed or lost and that reasonable effort has been made to locate it. To the best of my knowledge, no one else has any right, title, or interest in the contract, nor has it been assigned, pledged, or encumbered.

**11. TAX WITHHOLDING NOTICE AND ELECTION** (Complete if taxable event)

Depending on the type of transfer you are requesting, all or a portion of the amounts transferred may be taxable and subject to withholding of federal (and state, if applicable) income tax unless you elect otherwise. Please note that even if you elect not to have income tax withheld, you are liable for payment of federal (and state, if applicable) income tax on the taxable portion of your transfer. You may also be subject to tax penalties if your payments of estimated tax and withholding, if any, are not adequate. Please make your election below:

I/we elect to have federal (and state, if applicable) income tax withheld from the amounts transferred. Specify amount/percentage: \$/% \_\_\_\_\_.

I/we elect not to have federal (and state, if applicable) income tax withheld from the amounts transferred.

**12. SPECIAL INSTRUCTIONS**

**13. PLEASE MAKE CHECK PAYABLE TO AMERICO**

The undersigned represents and agrees that the Company is participating in this transaction at the undersigned's specific request and as an accommodation to the undersigned. It is further agreed that the Company has made no representations and that it has no responsibility nor liability concerning the undersigned's tax treatment under the Internal Revenue Code, and the Company has no liability or responsibility for the validity of this assignment. The 403(b) plan must also name the Company as a provider and allow for transfers/exchanges as defined in the new regulations.

For the Benefit of: \_\_\_\_\_

Dated at: \_\_\_\_\_  
City, State Month/Day/Year

\_\_\_\_\_  
Signature of Insured/Annuitant

\_\_\_\_\_  
Signature of Joint Annuitant (if applicable)

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Signature of Joint Owner (if applicable)

\_\_\_\_\_  
Signature of Spouse (if applicable)

If you reside in a community property state (AZ, CA, ID, LA, NV, NM, PR, TX, WA, and WI), the spouse must also sign.

Signature Guarantee (if required)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Americo is not a member of the medallion program and does not provide signature guarantees.**

**14. TRANSACTION AUTHORIZATION/ACCEPTANCE (For Home Office use only)**

Plan Type at Americo:  IRA  Roth IRA  SEP IRA  Non-Qualified Annuity  Non-Qualified Life Contract  
 403(b)  QLAC  457d  Other: \_\_\_\_\_

The authorized signature below certifies acceptance of the assignment and surrender or transfer of funds as instructed in this request. After deducting any sums as are permitted under the plan, please complete this transaction and send check with a copy of this form.

Please make check payable to:

**Americo**

FBO: \_\_\_\_\_

**Owner Name(s) and new policy number**

**Please send checks and correspondence to:**

Americo  
P.O. Box 410288  
Kansas City, MO 64141-0288  
Phone: 800.231.0801 Ext: 7213

**Overnight:**  
300 West 11th Street  
Kansas City, MO 64105

**For Home Office use only:**

\_\_\_\_\_  
Authorized Company Signature Title Date  
\_\_\_\_\_  
Printed Name

**Authorized signatures are provided by Americo Home Office authorized representatives and must not be copied or duplicated.  
All transfer paperwork will be accompanied by Americo's Corporate Resolution (certification).**