



Bankers Life Insurance Company
 11101 Roosevelt Blvd N, Ste. 301, St. Petersburg, FL 33716
 P.O. Box 42020, St. Petersburg, FL 33742
 Phone (800) 839-2731 Fax (800) 946-3306

**Request for
 Policy/Account
 Transfer or
 Exchange**

Current Trustee/Insurance Company/Financial Institution ("FI")		Policy Owner/Account Owner Name(s)	
Street Address of Current Trustee/Ins. Co./FI		Policy/Account Number(s)	
City State Zip of Current Trustee/Ins. Co./FI		Owner Social Security Number(s) or Tax I. D. Number(s)	
Telephone Number of Current Trustee	Fax Number of current Trustee only if they accept faxes	Annuitant/Insured Name(s) (if other than owner)	

TRANSFER INSTRUCTIONS:
 Please transfer the policy/account values indicated below:
 Partial: Transfer policy/account value totaling: \$ _____
 or _____ %
 Complete: Transfer all policy/account values. Surrender if an annuity policy.
 Liquidate Account: Transfer Investments/CD's/Mutual Funds
 Approximate Transfer Amount: \$ _____
For FULL 1035 Exchanges: I, the owner assign and transfer to Bankers Life all rights and interest in the above noted policy/certificate for the sole purpose of effecting a transfer exchange under Section 1035 of the Internal Revenue Code.
When should the transfer occur?
 Transfer policy/account values immediately.
 Transfer policy/account On or After: _____

QUALIFIED TYPE OF TRANSFER:
From: IRA, SEP Tax-Sheltered Annuity {403(b)}
 401(k) Qualified Savings Plan Other _____
To: IRA, SEP Tax-Sheltered Annuity {403(b)}
 Other _____
Type of Qualified Transfer or Rollover:
 Direct Transfer (Rev. Rul. 90-24) Direct Rollover (UCA-92)
 Trustee to Trustee Transfer Non-Direct Rollover

NON-QUALIFIED TYPE OF TRANSFER
 Non-Qualified Policy/Account Values, 1035 Exchange
 Non-Qualified Funds, Non-1035 Exchange from:
 Mutual Fund Bank CD Other Non-Qualified Asset

Retirement Plan to an IRA:
(To be completed only if rolling a Retirement Plan to an IRA)
 Plan Termination Death Disability
 Separation from Service Over age 59 1/2 Divorce

REQUIRED MINIMUM DISTRIBUTION (RMD) INFORMATION FOR QUALIFIED PLANS ONLY:
 A) Have you reached age 70½ or older in this calendar year? YES NO *(If the Answer to A is NO, Disregard B & C.)*
 B) Have you satisfied you RMD for this taxable year from the distributing plan? YES NO *(If the Answer to B is YES, Disregard C.)*
 C) I direct the present custodian/trustee/insurer to: Distribute my RMD to me before transferring my Qualified funds or
 Transfer the entire amount. The RMD has been or will be made from another account.

FOR ALL TRANSFERS: As the owner of the account indicated above, I request the above transfer to Bankers Life Insurance Company (BLIC). I represent and warrant that said policy/account has not been assigned or pledged as collateral and is not subject to any lien, encumbrance, or legal proceedings of any kind, including bankruptcy. I am responsible for continuing any premium payment for my current policy/account (if necessary to keep the policy/account in force) until the surrendering company mails the policy/account proceeds to BLIC. I further agree that BLIC is not responsible for the tax effect of this transfer. I am responsible for all surrender charges and/or fees that result from this transfer. Please do not withhold any amount for taxes from the proceeds unless requested by me to do so or as otherwise required by law.

My Annuity/Life policy is: ENCLOSED NOT REQUIRED to process this transaction NOT APPLICABLE
 LOST/DESTROYED: I/we hereby declare under penalty of perjury that the above numbered contract has been lost or destroyed; that it has not been delivered to any person having any right, title or interest in it.

W9: I (We) certify under penalty of perjury that the Tax ID(s) furnished on this form is/are true and correct.

Signed at (City, State): _____ Date: _____

X _____ **X** _____
Signature of Policy Owner Signature of Joint Owner (If Applicable) **Signature of Agent** Signature Guarantee (If required)

ACCEPTANCE BY HOME OFFICE
 The Bankers Life Insurance Company acknowledges that an application has been received from the Owner to establish an account for this transaction to the extent shown above. Bankers Life will accept the 1035 exchange, transfer or rollover shown to be credited to the account of the Owner.
Make check payable to: Bankers Life Insurance Company • PO Box 15707 • St Petersburg, FL 33733-3001 • FBO the owner(s) noted above.

 Bankers Life Policy Number Authorized Signature/ Title Manager Date