

QUALIFIED/NON-QUALIFIED TRANSFER FORM**Complete One Side Only**

1035 Exchange Request (Non-Qualified Annuities & Life Insurance Policies Only)

1. Contract Information

Existing Company		Phone Number	
Existing Company Address		Fax Number	
City	State	Zip	Existing Contract Number
Account Type (Annuity or Life)			<input type="checkbox"/> Transfer funds immediately <input type="checkbox"/> Transfer on date _____
Insured's/Annuitant's Name			Annuitant's SSN
Owner's Name			Owner's SSN
Joint Owner's Name			Joint Owner's SSN
Please select one: <input type="checkbox"/> Contract/CD enclosed <input type="checkbox"/> I have lost or destroyed my Contract/CD			

2. Exchange Authorization Full 1035 Exchange Partial 1035 Exchange Amount: \$_____ Percentage: _____%

I hereby designate Equitable Life & Casualty Insurance Company as beneficiary of the indicated portion of the above policy/contract.

Immediately following the above beneficiary designation, Assignor does hereby assign and transfer without exceptions, limitations or reservation to Equitable all assignable benefits, interest, property, rights, claims, options, privileges, obligations and title in the policy/contract in exchange for a new policy/contract as described in the application to Equitable for such policy/contract.

I expressly represent and recognize that the sole purpose of this assignment is to effect an exchange of insurance policies/contracts. I represent and agree that I have consulted my own tax advisor regarding the tax consequences of this transaction. I represent and agree that Equitable has made no representations concerning my tax treatment under Internal Revenue Code Section 1035 or otherwise as a result of this transaction. Equitable assumes no responsibility or liability for my tax treatment under Internal Revenue Code Section 1035(a) or otherwise as a result of this transaction.

Owner's Signature_____
Date_____
Joint Owner/Spouse Signature_____
Date**3. Acceptance by Equitable Life & Casualty Insurance Company**

Equitable agrees to accept the assets described above from the above named individual. Equitable requests the liquidation and transfer of assets indicated above.

Accepted by Equitable (Authorized Signature)_____
Date

MAKE CHECK PAYABLE TO EQUITABLE LIFE & CASUALTY INSURANCE COMPANY

QUALIFIED/NON-QUALIFIED TRANSFER FORM

Complete One Side Only

Direct Custodial Transfer Request (CDs, Mutual Funds & Qualified Annuities)

1. Contract Information

Existing Company			Phone Number
Existing Company Address			Fax Number
City	State	Zip	Existing Contract Number
Account Type			<input type="checkbox"/> Transfer funds immediately
Tax Status (IRA, Roth IRA, 401(k), etc.)			<input type="checkbox"/> Transfer on date _____
Insured's/Annuitant's Name			Annuitant's SSN
Owner's Name			Owner's SSN
Joint Owner's Name			Joint Owner's SSN
Please select one:			
<input type="checkbox"/> Contract/CD enclosed <input type="checkbox"/> I have lost or destroyed my Contract/CD			

2. Authorization to Sell, Liquidate and Transfer Funds

This will serve as authorization to liquidate and transfer:

- ALL
- \$ _____
- _____ %

 Owner's Signature(s) Date

 Joint Owner/Spouse Signature (If applicable) Date

 Medallion Signature Guarantee
 (Your current financial institution may require a Medallion Signature Guarantee. Contact your current account holder for their requirements.)

3. Required Minimum Distribution – Direct Transfer Information

Must complete if client is 70 ½ or older.

My Required Minimum Distribution (RMD):

- has not been taken.
- has been taken already for this year.

INFORMATION MUST BE COMPLETED AT TIME OF APPLICATION

4. Acceptance by Equitable Life & Casualty Insurance Company

Equitable agrees to accept the assets described above from the above named individual. Equitable requests the liquidation and transfer of assets indicated above.

 Accepted by Equitable (Authorized Signature)

 Date

MAKE CHECK PAYABLE TO EQUITABLE LIFE & CASUALTY INSURANCE COMPANY