

NON-QUALIFIED TRANSFER FORM

Complete one Side Only

1035 Exchange Request

Non-Qualified Asset Transfer Request



INSURANCE COMPANY
PO BOX 30245, SALT LAKE CITY, UTAH 84130-0245
888-352-5178 FAX: 888-352-5126

1. Contract Information

Existing Company			Phone Number	
Existing Company Address			Existing Contract Number	
City	State	Zip		
Account Type			Transfer funds immediately Transfer on date _____	
Insured's/Annuitant's Name			Annuitant's SSN	
Joint Insured's/Annuitant's Name			Joint Annuitant's SSN	
Owner's Name			Owner's SSN	
Joint Owner's Name			Joint Owner's SSN	
Please select one:				
Contract/CD enclosed			I have lost or destroyed my Contract/CD	
This policy is a:				
	Fixed Annuity	Certificate of Deposit (CD)	Brokerage Account	
	Variable Annuity	Life Insurance Policy	Checking/Savings Account	
	Mutual Fund	Money Market Account		

2. Exchange Authorization

Full 1035 Exchange Partial 1035 Exchange Amount: \$ _____ %

Non-1035 Exchange/other nonqualified assets Amount: \$ _____ %
Full Amount Partial Amount

I hereby designate SILAC 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 SILAC 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 application to SILAC for such policy/contract.

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

_____ Date

_____ Date

3. Acceptance by SILAC Insurance Company

SILAC agrees to accept the assets described above for the _____ plan established on behalf of the above named individual. SILAC requests the liquidation and transfer of assets indicated above.

_____ Accepted by (Signature and Title of authorized officer of SILAC)

_____ Date

MAKE CHECK PAYABLE TO SILAC INSURANCE COMPANY
Reference Contract Number _____

QUALIFIED TRANSFER FORM

Complete one Side Only

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



INSURANCE COMPANY
 PO BOX 30245, SALT LAKE CITY, UTAH 84130-0245
 888-352-5178 FAX: 888-352-5126

1. Contract Information

Existing Company			Phone Number
Existing Company Address			Existing Contract Number
City	State	Zip	Account Type
Tax Status (IRA, ROTH IRA, 401(k), etc.)			Transfer funds immediately Transfer on date _____
Insured's/Annuitant's Name			Annuitant's SSN
Joint Insured's/Annuitant's Name			Joint Annuitant's SSN
Owner's Name			Owner's SSN
Joint Owner's Name			Joint Owner's SSN
Please select one:			
Contract/CD enclosed		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

\$ _____
 _____ %

3. Required Minimum Distribution - Direct Transfer Information

Must complete if client is 72 or older.

My Required Minimum Distribution (RMD):

_____ has been taken already for this year

_____ has not been taken

Please distribute my RMD for the current year prior to transferring funds to Equitable Life & Casualty.

 Owner's Signature Date

 Medallion Signature Guarantee

 Joint Owner/Spouse Signature (If applicable) Date

INFORMATION MUST BE COMPLETED AT TIME OF APPLICATION

4. Acceptance by SILAC Insurance Company

SILAC agrees to accept the assets described above for the _____ plan established on behalf of the above named individual. SILAC requests the liquidation and transfer of assets indicated above.

 Accepted by (Signature and Title of authorized officer of SILAC)

 Date

MAKE CHECK PAYABLE TO SILAC INSURANCE COMPANY
 Reference Contract Number _____