

**GUARANTY INCOME LIFE INSURANCE COMPANY**

P.O. Box 2231 • Baton Rouge, LA 70821  
929 Government Street • Baton Rouge, LA 70802  
225-383-0355 • 800-535-8110 • FAX 225-343-1747  
Please print or type

**Request for QUALIFIED  
Fund Transfer / Rollover**

**A. SURRENDERING COMPANY INFORMATION**

Current Trustee, Custodian, or Insurance Company \_\_\_\_\_ Insured/Annuitant/Depositor \_\_\_\_\_  
Street \_\_\_\_\_ Owner(s) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Owner's Social Security Number \_\_\_\_\_  
Current Account Number(s) \_\_\_\_\_ Owner's Date of Birth (Month/Day/Year) \_\_\_\_\_

**B. DISTRIBUTION INSTRUCTIONS**

All **Effective:**  Immediately **To:**  New Policy  
 Partial \$ \_\_\_\_\_  Upon the Maturity Date of \_\_\_\_\_  Existing Policy # \_\_\_\_\_

**C. TYPE OF TRANSFER/ROLLOVER (Current plan type)**

IRA  Inherited IRA As Beneficiary of \_\_\_\_\_  
Date of Death \_\_\_\_\_  
 Roth  TSA 403(b) Direct Transfer from my current TSA 403(b) pursuant  
to the requirements of Rev. Rule 90-24.  
 SEP  Other (please specify) \_\_\_\_\_

**D. TYPE OF EXISTING ACCOUNT**

Annuity  Bank CD  
 Mutual Fund (name) \_\_\_\_\_  
 Other (please specify) \_\_\_\_\_

**E. RETIREMENT PLAN TO AN IRA (to be completed only if rolling a retirement plan to an IRA)**

Reason for Eligibility (check one)  Plan termination  Disability  Over age 59½  
 Death  Divorce  Separation from Service

Due to the possible tax consequences of making a direct rollover of funds or property to an IRA, I have been advised to see a professional tax advisor. All information provided by me is true and correct and may be relied on by the Custodian. I hereby certify that I am making an irrevocable election to treat the transaction as a direct rollover. I assume full responsibility for this direct rollover transaction and will not hold the Custodian liable for any adverse tax consequences that may result.

**F. REQUIRED MINIMUM DISTRIBUTION FOR IRA, TSA, AND QUALIFIED PLANS**

- A. Have you reached age 70½ or older in this calendar year? .....  YES  NO
- B. Have you satisfied your required minimum distribution from the distributing plan? .....  YES  NO
- \*\*\*IF THE ANSWER TO A IS NO, DISREGARD B - F / IF THE ANSWER TO A IS YES AND B IS NO, COMPLETE C - F\*\*\*
- C. I direct the present custodian/trustee/insurer to: (select one of the following)  
 Distribute my Required Minimum Distribution to me before transferring my IRA funds;  
 Retain my Required Minimum Distribution amount until such time that such amount is required to be distributed;  
 Transfer the entire amount as the current Required Minimum Distribution is scheduled to be made/has been made from another IRA account.
- D. What is the date of birth of your oldest primary beneficiary under the distributing plan? \_\_\_\_\_
- E. Is your designated primary beneficiary your spouse? .....  YES  NO
- F. I elect to have my life expectancy  recalculated  not recalculated annually.  
(Current law does not allow you to change your life expectancy election after your Required Beginning Date)

**G. THE CONTRACT (Applicable for the Total Transfer of Annuity and Life Insurance Policies Only)**

ENCLOSED  NOT APPLICABLE  
 LOST/DESTROYED – I 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.

**H. SIGNATURES – Under penalties of perjury, I (We) certify the taxpayer ID numbers shown on this form are correct.**

Please liquidate and transfer the proceeds identified above and make the check payable to Guaranty Income Life Insurance Company for the benefit of the above referenced Participant.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_

X

Signature of Policyowner (Assignor)

X

X

Signature of Witness

Signature of Policyowner's Spouse (if Community Property State)

**I. ACCEPTANCE (To be completed by the Home Office)**

This is to certify that the above individual has established a(n):  IRA Annuity  Roth IRA Annuity  
Guaranty Income Life Insurance Company will accept the transfer and will assume full responsibility as trustee for the funds described above. Please withdraw and transfer on a fiduciary to fiduciary basis, all or part of the account/policy as instructed above. It is the Owner's intention that this payment shall not constitute actual or constructive receipt to them for income tax purposes. Please return a copy of this form with your check made payable to Guaranty Income Life Insurance Company.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_

Authorized Signature / Title

**J. COST BASIS REQUESTED (After-tax contributions)**

In accordance with the Tax Equity and Fiscal Responsibility Act of 1982, please provide cost basis information if applicable.