



Request for Non-Qualified Fund Transfer / 1035 Exchange

Please forward completed form to: PO Box 703 | Elba AL 36323
Email: annuity@nsgcorp.com | Fax: 1-800-693-7507

Please print or type

Section 1. Surrendering Company Information					
Current Trustee, Custodian, or Insurance Company ("Surrendering Entity")			Surrendering Company Phone Number:		
			Insured/Annuitant/Depositor:		
Street			Owner	Joint Owner/Annuitant	
City	State	Zip	Owner's SSN	Joint Owner/Annuitant SSN	
Current Account Number(s)			Owner's DOB (MM/DD/YY)	Joint Owner/Annuitant DOB (MM/DD/YY)	
Fax Number					

Section 2. Distribution Instructions (Not all companies will process a partial account transfer under Sect. 1035 of the Internal Rev. Code)					
<input type="checkbox"/> All	Effective:	<input type="checkbox"/> Immediately	To:	<input type="checkbox"/> New Policy	
<input type="checkbox"/> Partial \$ _____		<input type="checkbox"/> Upon the Maturity Date of _____		<input type="checkbox"/> Existing Policy # _____	

Section 3. Type of Transfer (Current plan type)
<input type="checkbox"/> Fund Transfer <input type="checkbox"/> 1035 Exchange

Section 4. Type of Account Being Transferred
<input type="checkbox"/> Life Insurance <input type="checkbox"/> Annuity <input type="checkbox"/> Bank CD <input type="checkbox"/> Mutual Fund (name) _____ <input type="checkbox"/> Other (please specify) _____

Section 5. Authorization and Absolute Assignment to Affect a 1035 Exchange (if Fund Transfer disregard Section 5)
<ul style="list-style-type: none"> - This assignment and exchange authorization is subject to acceptance by National Security Insurance Company ("NSIC" or the "Company") and is not effective until so accepted. The sole purpose of this authorization is to affect a tax-free exchange under Section 1035(a) of the Internal Revenue Code. - I (we) understand that NSIC is authorized to surrender the life policy or annuity contract identified in Section 4 above (the "Old Contract") for its full value or the amount of value listed above in Section 2 above (the "Exchange Value"), and to apply those proceeds as a premium payment for a new existing policy or contract issued by NSIC as listed in Section 2 above (the "Receiving Contract"). I (we) authorize the Surrendering Entity to send such proceeds directly to NSIC. I (we) understand that fees and surrender charges may apply to the Old Contract in obtaining the Exchange Value from it. - Under this authorization, I (we) fully assign and transfer all claims, options, privileges, title and interest (the "rights") to either all Old Contract if all the value of the Old Contract is to be transferred, or all such Rights necessary for NSIC to surrender and receive an amount from the Old Contract equal to the Exchange Value. All of the powers, elections, appointments, options, and rights I (we) have as owner of the Old Contract, including the right to surrender, are now exercisable by NSIC to the extent necessary for it to receive the Exchange Value from the Old Contract. Simultaneously, I (we) designate NSIC the beneficiary under the Old Contract to the extent of the Exchange Value. - Currently, other than the "owner" listed above, no person, firm or corporation other than myself (ourselves) and the Surrendering Entity has an interest in the Old Contract; and currently no proceedings in insolvency or bankruptcy or of an equitable or legal nature have been instituted by or against me (us). - NSIC is not liable for changes in value that may occur in the Old Contract before NSIC receives the proceeds of that contract. Prior to the date of receipt of such proceeds by NSIC in good order, no value will accrue or be earned on the New Contract - In accordance with Federal tax law, I (we) direct and authorize the Surrendering Entity to furnish a statement to NSIC and to the former contract holder of the cost basis in the Old Contract. I (we) authorize NSIC to rely upon the cost basis information provided by the Surrendering Entity but agree that NSIC will assume no responsibility for determining or verifying the cost basis. If cost basis information is not provided, I (we) acknowledge that more restrictive or less beneficial tax rules may apply to the amounts transferred. - I (we) acknowledge that: (1) NSIC provides this form and participates in this transaction as an accommodation to me (us); (2) NSIC does not give tax or legal advice on the tax consequences for replacing one contract for another, and (3) NSIC has and assumes no responsibility or liability for the validity of this assignment or for the tax treatment of this transaction under IRC Section 1035(a) or other laws or regulations.

Section 6. The Contract (Applicable for the total transfer of annuity and life insurance policies only)
<input type="checkbox"/> Enclosed <input type="checkbox"/> 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.

Section 7. Signatures - Under penalties of perjury, I (We) certify that the taxpayer ID numbers shown on this form are correct.	
Please liquidate and transfer the proceeds identified above and make the check payable to National Security Insurance Company for the benefit of the above-referenced Owner.	
Signed this _____ day of _____, _____ at _____	
_____ Signature of Policyowner(s) (Assignor)	_____ Signature of Joint Policyowner(s) (Assignor)
_____ Signature of Witness	_____ Signature of Policyowner's Spouse (if Community Property State)

Section 8. Acceptance (To be completed by the Home Office)
This is to certify that the above individual has established a: <input type="checkbox"/> Life Insurance Policy <input type="checkbox"/> Non-Qualified Annuity
National Security 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 National Security Insurance Company and forward payment to the address above.
Signed this _____ day of _____, _____ by _____ Authorized Signature/Title

Section 9. Cost Basis Requested
In accordance with the Tax Equity and Fiscal Responsibility Act of 1982, please complete the attached request for cost basis to the assignee.