



- Instructions:**
- A. Please type or print and provide an overnight address of the current Financial Institution.
 - B. Owner/trustee's signature is required on this form.
 - C. The following items must be mailed to the Accepting Insurance Company to process a transfer of funds:
 - 1. This form, "Request for Qualified Retirement Account Transfer/Rollover"
 - 2. Old Policy/contract, if applicable (if lost, please indicate in Section 2 below)
 - 3. State replacement form **(if required by the state)**
 - 4. Application (if applicable)

1. Current Plan Information

Current Financial Institution _____

Telephone Number _____

Address (Include No., Street, City, State, and ZIP Code) _____

Policy/Account Owner Name _____

Name of Participant/Annuitant (if different) _____

Policy/Account Number _____

Owner's Social Security Number _____

Participant/Annuitant Social Security Number _____

Transfer/Rollover **FROM** type of plan:

- 401(k)
 401(a)
 403(b)
 SEP
 SIMPLE-IRA
 Traditional IRA
 Roth IRA
 Other (specify) _____

Transfer/Rollover **TO** type of plan:

- Traditional IRA
 Roth IRA
 SEP
 SIMPLE-IRA
 Other (specify) _____

*There may be additional Employer requirements. Please consult your employer or administrator.

2. Qualified Transfer/Rollover Instructions

Check one for each of the following sections:

- a. The amount requested and directed for payment represents a:
 - Partial transfer of \$ _____
 - Full liquidation and transfer by check. Unless attached, I/we hereby certify that the contract has been lost or destroyed.
- b. Apply proceeds to a new contract Apply proceeds to existing contract number _____
- c. Client initiated rollover

Note: Age 70-1/2 restrictions apply to a retirement account transfer: If you are age 70-1/2 or older this year, you may not transfer or rollover required minimum distribution amounts. If necessary, instruct your present trustee/custodian, prior to effecting this transfer, to either: (1) pay your own required minimum distribution to you now or (2) retain that amount for distribution to you later.

Required Minimum Distribution status for the current tax year: (Select one.)

- RMD has already been satisfied
 RMD has not been satisfied. Please process before the transfer.

3. Signatures

I, the undersigned Owner/Trustee of the above-named contract/account(s), request that you directly transfer the amount specified above to

Nassau Re

Name of Accepting Company

Please do not withhold any amount for taxes from the proceeds. It is my intention that this surrender and payment shall not constitute either actual or constructive receipt of income for federal income tax purposes and would therefore qualify as a transfer of assets. I request that my name not appear as a joint payee on the check nor shall any endorsement thereon be necessary for transfer or deposit. I request that the funds be made payable to the above-mentioned accepting company. If my name is to be used, it must be preceded by the term FBO or "for the benefit of."

If the funds for this annuity are coming from multiple contracts/accounts, I consent to having the amounts received placed in a non-interest bearing account until all expected funds are received. I consent to and understand that while the funds are in this account, no annuity coverage will be in force. I understand that the amounts will be in the non-interest bearing account for no more than 30 calendar days, unless I specifically consent to a longer period of time.

Contract Owner Signature

Date (Month, Day, Year)

Irrevocable Beneficiary Signature (if applicable)

Date (Month, Day, Year)

Signed at: _____
City and State

Signed at: _____
City and State

Signature Guarantee or Medallion Signature (if required by transfer). For your protection, the Company requires an original signature guarantee. Signature Guarantees such as the Medallion Signature Guarantee Stamp or the Signature Validation Program Stamp can be obtained at most banks. COPIES NOT ACCEPTED.

(OFFICIAL STAMP OR SEAL)

ACCEPTABLE CERTIFICATIONS:
Medallion Signature Guarantee Stamp or
Signature Validation Program Stamp

4. Acceptance of Transfer (to be completed by the Accepting Company)

Please liquidate the above-referenced Policy/Account. Do not withhold taxes from the proceeds. Please make the check payable to

Nassau Re

Name of Accepting Company

Attach a copy of this form to the check and send to the address below.

Authorized Signature

Title

Date (Month, Day, Year)

New Policy/Contract Number

Send completed application to the Company:

Regular Mail: Nassau Re Mail Operation, PO Box 219361, Kansas City, MO 64121-9361

Express Mail: Nassau Re Mail Operation, 430 W 7th Street, Suite 219361, Kansas City, MO 64105-1407