

**Request for Policy/Account/Certificate Transfer or Exchange**

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|---|---|
| Current Trustee/Insurance Company/Financial Institution ("FI") | Policy/Account Owner Name(s) |
| Street Address of Current Trustee/Ins. Co./FI | Policy/Account Number(s) at Current Trustee/Ins. Co./FI |
| City, State, ZIP of Current Trustee/ Ins. Co./FI | Owner Social Security Number(s) or Tax I.D. Number(s) |
| Telephone Number of Current Ins. Co./FI | Annuitant/Insured Name(s) (if other than owner) |

TRANSFER INSTRUCTIONS:**Please transfer the policy/account values indicated below:**☐ **Partial:** Transfer policy/acct/cert value totaling \$ _____ or %☐ **Complete:** Transfer all policy/acct/cert values. Surrender if an annuity policy.

FULL 1035 EXCHANGES: I, the owner, assign and transfer to Royal Neighbors all (or such portion as indicated above) rights and interest in the above noted policy/certificate for the sole purpose of effecting a transfer exchange under Section 1035 of the Internal Revenue Code.

Approximate Transfer Amount: \$ _____☐ **NON-QUALIFIED TYPE OF TRANSFER:**☐ **Non-Qualified Policy/Account Values, 1035 Exchange**☐ **Non-Qualified Funds, Non-1035 Exchange from:**☐ Mutual Fund ☐ Bank CD ☐ Other Non-Qualified Asset☐ **QUALIFIED TYPE OF TRANSFER:****From:**☐ IRA, SEP☐ Tax-Sheltered Annuity {403(b)}☐ 401(k) Qualified Savings Plan☐ Roth IRA☐ Other _____**To:**☐ IRA, SEP☐ Roth IRA** ☐ If transfer is a conversion to ROTH, I elect tax year 2010☐ Other _____**Type of Qualified Transfer or Rollover::**☐ Direct Transfer☐ Direct Rollover☐ Non-Direct Rollover☐ **Retirement Plan to an IRA:****REQUIRED MINIMUM DISTRIBUTION (RMD) INFORMATION FOR QUALIFIED PLANS ONLY:**A) Have you reached age 70½ or older in this calendar year? ☐ YES ☐ NO (If the Answer to A, is YES, you are certifying that B is true.)

B) I certify that my RMD has been made or will be made prior to transfer.

FOR ALL TRANSFERS: As the owner of the policy/account/certificate indicated above, I request the above transfer to Royal Neighbors of America. I represent and warrant that said policy/account/certificate has not been assigned or pledged as collateral and is not subject to any lien, encumbrance, or legal proceedings of any kind, including bankruptcy. I am responsible for continuing any premium payment for my current policy/account/certificate (if necessary to keep the policy/account/certificate in force) until the surrendering company mails the policy/account/certificate proceeds to Royal Neighbors. I further agree that Royal Neighbors is not responsible for the tax effect of this transfer. I am responsible for all surrender charges and/or fees that result from this transfer. Please do not withhold any amount for taxes from the proceeds unless requested by me to do so or as otherwise required by law.

My Annuity/Life policy is: ☐ **ENCLOSED** ☐ **NOT APPLICABLE**☐ **LOST/DESTROYED:** I/we 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.**Taxpayer Identification Number Certification**

Under penalty of perjury, I, the Proposed Owner, certify the following:

1. The Social Security number given on page 1 is my correct Social Security number; and
2. That I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. person (including a U.S. resident alien).

You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. The IRS does not require your consent to any part of this form other than the certifications required to avoid backup withholding.

X _____

Signature of Policy/Account Owner

Date

Signature of Agent

Date

ACCEPTANCE BY ROYAL NEIGHBORS OF AMERICA (FOR OFFICE USE ONLY)

Royal Neighbors of America acknowledges that an application has been received from the Owner to establish an account for this transaction to the extent shown above. Royal Neighbors will accept the 1035 exchange, transfer or rollover shown to be credited to the account of the Owner.

Make check payable to: Royal Neighbors of America • FBO the owner(s) noted above._____
Royal Neighbors Certificate Number_____
Authorized Signature/Title_____
Date