



# DIRECT CUSTODIAL TRANSFER REQUEST

(CDs, Qualified, Non-Qualified, Mutual Funds & Qualified Annuities)

Complete One Side Only

Existing Company			Phone Number
Existing Company Address			Existing Contract Number
City	State	Zip	Investment Vehicle (CD, Mutual Fund, etc.)
Account Type (IRA, Roth IRA, 401(k), Keogh, etc.)	Maturity Date	<input type="checkbox"/> Transfer Funds Immediately <input type="checkbox"/> Transfer at Maturity	
Insured's / Annuitant's Name			Annuitant's Social Security Number
Joint Insured's / Annuitant's Name			Joint Annuitant's Social Security Number
Owner's Name			Owner's Social Security Number
Joint Owner's Name			Joint Owner's Social Security Number

Contract / CD enclosed.

I have lost, destroyed or mislaid my contract / CD.

## AUTHORIZATION TO SELL, LIQUIDATE AND TRANSFER FUNDS

This will serve as authorization to liquidate and transfer  ALL \$\_\_\_\_\_  \$\_\_\_\_\_  \_\_\_\_\_% of my account as listed above to the contract I have established through Sentinel Security Life Insurance Company.

Note: A Medallion Signature guarantee may be required.

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Medallion Signature Guarantee by: Name of Bank or Firm

\_\_\_\_\_  
Joint Owner's Signature (if applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Officer & Title

## REQUIRED MINIMUM DISTRIBUTION - DIRECT TRANSFER INFORMATION

My Required Minimum Distribution (RMD). Must complete if client is 70 ½ or older.

has been taken already for this year.

has not been taken.

INFORMATION MUST BE COMPLETED AT TIME OF APPLICATION

### Acceptance by Sentinel Life Insurance Company

We agree to accept the transfer described above for the \_\_\_\_\_ Plan established on behalf of the above named individual. Sentinel Life Insurance Company accepts its appointments as successor custodian of the above account and requests the liquidation and transfer of assets indicated above.

\_\_\_\_\_  
Accepted By (Signature & Title of Authorizing Officer of Sentinel Security Life)

\_\_\_\_\_  
Date

MAKE CHECK PAYABLE TO:

**SENTINEL SECURITY LIFE INSURANCE COMPANY**

Reference Contract Number \_\_\_\_\_

**Mailing Address:** P.O. Box 27248, Salt Lake City, UT 84127-0248