



# QUALIFIED/NON-QUALIFIED TRANSFER 1035 EXCHANGE FORM

## OWNER INFORMATION

(If the Owner is a Trust, please provide a copy of the Title and Signature pages)

Name: \_\_\_\_\_  
(First) (Middle) (Last)

Social Security/Tax ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

## JOINT OWNER INFORMATION

Name: \_\_\_\_\_  
(First) (Middle) (Last)

Social Security/Tax ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

## ANNUITANT / INSURED INFORMATION

(If other than the Owner information)

Name: \_\_\_\_\_  
(First) (Middle) (Last)

Social Security/Tax ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

## JOINT ANNUITANT / INSURED INFORMATION

(If other than the Joint Owner information)

Name: \_\_\_\_\_  
(First) (Middle) (Last)

Social Security/Tax ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

## CURRENT CONTRACT / POLICY / ACCOUNT INFORMATION

Company \_\_\_\_\_ Company Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contract / Policy / Account Number(s): \_\_\_\_\_ Investment Vehicle: \_\_\_\_\_

**NON-QUALIFIED TRANSFER TO LIFE OR ANNUITY CONTRACT**

I wish to liquidate and transfer the:  Full Amount  Partial Amount of: \$ \_\_\_\_\_ Or \_\_\_\_\_ %

On the maturity date of: \_\_\_\_/\_\_\_\_/\_\_\_\_  Upon Sentinel Security Life Insurance Company's receipt of this request

From:  CD  Mutual Fund  Checking  Savings  Other: \_\_\_\_\_

Sentinel Security Life Insurance Company will apply all such funds received to a life or annuity contract issued to me.

**QUALIFIED TRANSFER / ACCOUNT ROLLOVER TO ANNUITY CONTRACT**

I wish to liquidate and transfer the:  Full Amount  Partial Amount of: \$ \_\_\_\_\_ Or \_\_\_\_\_ %

On the maturity date of: \_\_\_\_/\_\_\_\_/\_\_\_\_  Upon Sentinel Security Life Insurance Company's receipt of this request

From:  IRA  Roth IRA  SEP IRA  Simple IRA  Other: \_\_\_\_\_

To:  IRA  Roth IRA  SEP IRA  Simple IRA  Other: \_\_\_\_\_

This amount represents all or part of my eligible rollover distribution to an eligible plan as defined under applicable tax laws.

I intend that this transfer be accomplished as trustee-to-trustee, in a non-taxable manner, in accordance with IRS rulings, and not constitute receipt by me for federal income tax purposes. I understand that I am purchasing this annuity in an IRA or other tax-qualified plan. Since IRAs and other tax-qualified plans are already afforded tax-deferred status, there is no additional tax deferral benefit in this annuity. I am purchasing this annuity because I value other features, such as income payments, principal protection, or death benefit protection, and I am willing to pay any additional cost associated with such features.

Prior Distribution Information (Participants age 70 and over only): I understand that if I reached age 70 1/2 before January 1, 2020 or once I reach age 72 the IRS requires annual minimum distribution from your qualified account(s). If you are requesting a qualified transfer, the IRS allows you to transfer your entire IRA balance, including the minimum distribution, without incurring the 50% excess accumulation penalty. However, the full Required Minimum Distribution amount must be taken by December 31st of the current calendar year.

This is a transfer and my Required Minimum Distribution (RMD) amount for this tax year should be handled as follows:

- My RMD has already been taken for the current year.
- Distribute my RMD to me before transferring my funds to Sentinel Security Life Insurance Company.
- Proceed with the transfer; I will take responsibility for taking my RMD before December 31st of the current year.

**I understand that if I take the RMD for the current year from the Sentinel Security Life Insurance Company contract, surrender charges may be deducted.**

**1035 EXCHANGE / ABSOLUTE ASSIGNMENT OF LIFE OR ANNUITY CONTRACT**

1035 Exchange:  Full Amount  Partial Amount of: \$ \_\_\_\_\_ Or \_\_\_\_\_ %

On the maturity date of: \_\_\_\_/\_\_\_\_/\_\_\_\_  Upon Sentinel Security Life Insurance Company's receipt of this request

From:  CD  Mutual Fund  Checking  Savings  Other: \_\_\_\_\_

I, the undersigned, hereby state that I am the owner of the above life insurance, endowment, or annuity contract ("Contract"). I hereby assign and transfer the specified portion of my right, title, and interest in the Contract to Sentinel Security Life Insurance Company. I irrevocably waive all rights, claims, and demands under the Contract. I hereby declare that the Contract is not subject to any assignment, pledge, collateral assignment, or other lien and that no proceeding in bankruptcy or insolvency, voluntary or involuntary, have been instituted by or against me and that I am not under guardianship or any legal disability.

The purpose of this transfer is to affect a direct nontaxable exchange of the Contract pursuant to Section 1035 of the Internal Revenue Code. I understand and agree that the cost basis in the contract issued by Sentinel Security Life Insurance Company shall be determined based upon the cost basis information provided by the above-referenced surrendering company. I further understand and agree that Sentinel Security Life Insurance Company assumes no responsibility in determining or verifying the cost basis of the new contract issued by it. I acknowledge and agree that if Sentinel Security Life Insurance Company does not receive cost basis information acceptable to it, the cost basis of the contract issued by Sentinel Security Life Insurance Company will be zero.

I understand and agree that Sentinel Security Life Insurance Company will request that the surrendering company totally or partially surrender the original Contract immediately upon receipt of this request, and that Sentinel Security Life Insurance Company assumes no liability for any action by the surrendering company that results in a delay in paying the surrender proceeds or for any changes in the payment amount. I understand and agree that Sentinel Security Life Insurance Company makes no representations concerning the tax treatment of this matter under Internal Revenue Code Section 1035 or otherwise, and that Sentinel Security Life Insurance Company has no responsibility or liability for the validity of this assignment. I understand that Sentinel Security Life Insurance Company will apply the transfer funds it receives as premium on the contract it issues, and that the contract values and terms of the above identified surrendered Contract may differ substantially from those in the contract issued by Sentinel Security Life Insurance Company.

**IF FUNDS ARE COMING FROM A SURRENDERED LIFE OR ANNUITY CONTRACT**

Attach original contract or Initial here: \_\_\_\_\_

I / (We) certify that the original contract is lost or destroyed and cannot be found after a careful search.

**IMPORTANT ACKNOWLEDGMENTS**

I understand that by signing this form, I hereby authorize the Company listed under Current Contract/Policy/Account Information Section to immediately surrender and transfer my policy/contract to Sentinel Security Life Insurance Company.

I understand that if I return the Sentinel Security Life Insurance Company contract under the "free look" provision, the exchanged/transferred contract may not be eligible for reinstatement because it has already been surrendered or partially surrendered. Also, if I return the contract under the "free look" provision, Sentinel Security Life Insurance Company has no liability beyond the return of the cash surrender or the partial surrender value of an exchanged/transferred contract.

I understand that if the new contract is for life insurance, coverage does not go into effect and no liability exists for Sentinel Security Life Insurance Company until: (1) Sentinel Security Life Insurance Company receives the cash surrender or partial surrender value of the exchanged/transferred contract; (2) there has been no change in the health of the Proposed Insured(s) that would change the answers in the application; and (3) the premium is fully paid, and the contract is delivered to and accepted by me. For transfers to an Sentinel Security Life Insurance Company annuity, I understand and agree that the date that the proceeds are received from the surrendering insurance company will be the date on which coverage first becomes effective under the Sentinel Security Life Insurance Company contract.

I understand that the proposed transfer may have important tax consequences and/or surrender/withdrawal penalties. I acknowledge that Sentinel Security Life Insurance Company assumes no responsibility or liability for any penalty or for any tax treatment of this matter under the Internal Revenue Code or otherwise, and I shall be responsible for payment of all federal, state and local taxes incurred with respect to the liquidation of such account. Further, I certify that no proceedings in bankruptcy or insolvency, voluntary or involuntary, are pending against me.

**OWNER(S) SIGNATURE:**

Signed At: \_\_\_\_\_

Dated: \_\_\_\_\_

Owner Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signed At: \_\_\_\_\_

Dated: \_\_\_\_\_

Joint Owner Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signed At: \_\_\_\_\_

Dated: \_\_\_\_\_

Policy Owner's Spouse Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

(if community property state)

SENTINEL SECURITY LIFE INSURANCE COMPANY AGREES TO ACCEPT THE TRANSFER FOR THE PLAN ESTABLISHED ON BEHALF OF THE NAMED OWNER. WE ACCEPT APPOINTMENT AS SUCCESSOR CUSTODIAN OF THE ABOVE ACCOUNT AND REQUEST THE LIQUIDATION AND TRANSFER OF FUNDS AS INDICATED ABOVE.

**Signature Guarantee  
(If required by Surrendering Company)**

**Accepted By (Signature & Title of Authorizing Officer  
of Sentinel Security Life Insurance Company)**

**CHECKS SHOULD BE MADE PAYABLE TO:**

Sentinel Security Life Insurance Company

FBO \_\_\_\_\_

**MAILING ADDRESS:**

Administrative Office  
PO Box 27248  
Salt Lake City, UT. 84127-0248  
P: 800-247-1423  
F: (888) 433-4795

**OVERNIGHT/PHYSICAL ADDRESS:**

Administrative Office  
1405 W 2200 S  
Salt Lake City, UT. 84119

**FOR PRODUCER EXPLANATION, REMARKS AND / OR REQUESTS PLEASE ATTACH ADDITIONAL PAGES**