

REQUEST TO TRANSFER ACCOUNT FUNDS

TO:

\_\_\_\_\_  
Name of Company Managing Funds

\_\_\_\_\_  
Account Manager

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Name of Owner

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Account/Contract Number(s)

\_\_\_\_\_  
Account/Contract Number(s)

\_\_\_\_\_  
Account/Contract Number(s)

TO WHOM IT MAY CONCERN

I hereby request the immediate surrender of  all available funds \$ \_\_\_\_\_  
 specified amount \$ \_\_\_\_\_ of the above-referenced account. Proceeds are to be made payable to:

Signature Guarantee Stamp: Name of Bank or Broker/Dealer:
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The Baltimore Life Insurance Company  
 Life of Maryland, Inc.  
**Attention: Policy Issue Department**  
10075 Red Run Boulevard  
P. O. Box 1050  
Owings Mills, MD 21117-6050

for the benefit of \_\_\_\_\_  
Please forward your check to the above address.

I have completed a Baltimore Life/Life of Maryland Application (and other documentation if applicable for this transfer). Baltimore Life/Life of Maryland will immediately apply the proceeds check to the contract I have applied for upon receipt of the funds.

I understand the amount of the proceeds may vary depending upon the date of transfer. I respectfully request that this transfer be accomplished as quickly as possible and thank you for your cooperation in this matter.

\_\_\_\_\_  
Print or Type Name of Owner

**X**

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date