REQUEST TO TRANSFER FUNDS
TRUSTEE TO TRUSTEE TRANSFER

TYPE OF DISTRIBUTION

☐ All assets
☐ Partial distribution *(specify amount or percent)* $ _____ / _____ %

PLAN TYPE FROM WHICH CUSTODIAN/TRUSTEE IS AUTHORIZED TO TRANSFER FUNDS

☐ IRA ☐ Roth IRA ☐ Municipal Pension
☐ SEP-IRA ☐ Simple IRA (403(b)) ☐ Qualified Pension Plan (401(a) or 401(k))
☐ Ed IRA ☐ TSA ☐ HR10

DATE TRANSFER SHOULD OCCUR _____ / _____ / _____

CURRENT CUSTODIAN/TRUSTEE INFORMATION

_____ _____
Custodian Name *Account Number (if known)*

_____
Address *City* *State* *Zip*

_____ ( ) -
Account Representative *Telephone Number*

These funds should be transferred to my tax-qualified account established with The Baltimore Life Insurance Company/Life of Maryland, Inc. (BLI/LOM), which will act as successor Custodian/Trustee for my plan. I understand that certain transfers, rollovers and conversations are considered distributions by the IRS and could result in taxable income. I certify that I have established a BLI/LOM qualified account under:

☐ IRA ☐ Ed IRA ☐ HR10
☐ SEP-IRA ☐ Roth IRA ☐ Municipal Pension
☐ Simple IRA (403(b)) ☐ TSA

My account is in the name of _____

_____
Address *City* *State* *Zip*

- - ( ) -
Social Security Number *Telephone Number*

WITHHOLDING ELECTION: I understand that if I elect not to have federal or state income tax withheld, I am liable for payments of federal and state income tax on the taxable portion of my withdrawal or distribution. I may also be subject to tax penalties under the estimated tax payment rules if my payments of estimated tax and withholding, if any, are not adequate. Withholding from a Roth Conversion or other taxable transaction could cause additional tax consequences.

I agree NOT to have federal or state income tax withheld from my withdrawal or distribution.
I certify I am not subject to backup withholding (Section 3406(a)(l)(c))

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Please make check(s) payable to ☒ The Baltimore Life Insurance Company or ☐ Life of Maryland, Inc.

FBO *(Present Accountholder).* _____

MAIL DISTRIBUTION TO: The Baltimore Life Companies *(Attn: Underwriting Department)*
10075 Red Run Boulevard • Owings Mills, MD 21117-6050

Signed _____ Date ___ / ___ / ___
Witness _____ Date ___ / ___ / ___
Agent _____ District/Agency _____
Officer's Signature _____

HOME OFFICE USE

☐ Existing Account Number _____
☐ New Application Number _____ Dated ___ / ___ / ___