



An affiliate of Bankers Insurance Group

**BANKERS LIFE INSURANCE COMPANY**  
 (DBA WESTERN BANKERS LIFE INSURANCE COMPANY IN TEXAS)  
 11101 ROOSEVELT BLVD N, ST PETERSBURG, FL 33716  
 PO BOX 15707, ST PETERSBURG, FL 33733  
 (800) 839-2731 • FAX (800) 946-3306  
 www.BankersLifeInsurance.com

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

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

**TRANSFER INSTRUCTIONS:**  
 Please transfer the policy/account values indicated below:  
 **Partial:** Transfer policy/account value totaling \$ \_\_\_\_\_ or \_\_\_\_\_ %  
 **Complete:** Transfer all policy/account values. Surrender if an annuity policy.  
 **Liquidate Account:** Transfer Investments/CD's/Mutual Funds  
 Approximate Transfer Amount: \$ \_\_\_\_\_  
**For FULL 1035 Exchanges:** I, the owner assign and transfer to Bankers Life all 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.  
**When should the transfer occur?**  
 Transfer policy/account values immediately.  
 Transfer policy/account On or After: \_\_\_\_\_

**QUALIFIED TYPE OF TRANSFER:**  
**From:** KTC, UGR Tax-Sheltered Annuity {403(b)} 401(k) Qualified Savings Plan Other \_\_\_\_\_  
**To:** ""IRA, SEP ""Tax-Sheltered Annuity {403(b)} ""Other \_\_\_\_\_  
**Type of Qualified Transfer or Rollover:**  
 Direct Transfer (Rev. Rul. 90-24)  Direct Rollover (UCA-92)  
 Trustee to Trustee Transfer  Non-Direct Rollover

**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

**Retirement Plan to an IRA:**  
*(To be completed only if rolling a Retirement Plan to an IRA)*  
 Plan Termination  Death  Disability  
 Separation from Service  Over age 59 1/2  Divorce

**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 NO, Disregard B & C.)  
 B) Have you satisfied you RMD for this taxable year from the distributing plan?  YES  NO (If the Answer to B is YES, Disregard C.)  
 C) I direct the present custodian/trustee/insurer to:  Distribute my RMD to me before transferring my Qualified funds or  
 Transfer the entire amount. The RMD has been or will be made from another account.

**FOR ALL TRANSFERS:** As the owner of the account indicated above, I request the above transfer to Bankers Life Insurance Company (BLIC). I represent and warrant that said policy/account 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 (if necessary to keep the policy/account in force) until the surrendering company mails the policy/account proceeds to BLIC. I further agree that BLIC 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 REQUIRED to process this transaction**  **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.

**W9: I (We) certify under penalty of perjury that the Tax ID(s) furnished on this form is/are true and correct.**

Signed at (City, State): \_\_\_\_\_ Date: \_\_\_\_\_

**X** \_\_\_\_\_ **X** \_\_\_\_\_  
 Signature of Policy Owner Signature of Joint Owner (If Applicable) Signature of Agent Signature Guarantee (If required)

**ACCEPTANCE BY HOME OFFICE**  
 The Bankers Life Insurance Company acknowledges that an application has been received from the Owner to establish an account for this transaction to the extent shown above. Bankers Life will accept the 1035 exchange, transfer or rollover shown to be credited to the account of the Owner.  
**Make check payable to: Bankers Life Insurance Company • PO Box 15707 • St Petersburg, FL 33733-3001 • FBO the owner(s) noted above.**  
 Bankers Life Policy Number \_\_\_\_\_ Authorized Signature/ Title \_\_\_\_\_ Date \_\_\_\_\_

## **HELPFUL HINTS FOR A SPEEDY TRANSFER**

When completing the transfer paperwork, please confirm the information on the form is correct. We have developed a checklist to help you.

- \_\_\_\_\_ CORRECT ANNUITANT
- \_\_\_\_\_ CORRECT OWNER(S)
- \_\_\_\_\_ TRUST PAPERS IF TRUST IS OWNER (first and last page)
- \_\_\_\_\_ TYPE OF TRANSFER - NON-QUALIFIED OR QUALIFIED MONEY
- \_\_\_\_\_ ANNUITANT, OWNER(S), AND AGENT'S SIGNATURES
- \_\_\_\_\_ CORRECT ADDRESS AND PHONE NUMBER FOR TRANSFER COMPANY
- \_\_\_\_\_ CORRECT POLICY NUMBER FOR TRANSFER COMPANY
- \_\_\_\_\_ INDICATE WHETHER A COMPLETE OR PARTIAL TRANSFER (if a partial, please be sure to indicate the % or the amount)
- \_\_\_\_\_ TRANSFER IMMEDIATELY OR AFTER SPECIFIC DATE (specify date)
- \_\_\_\_\_ DOES COMPANY REQUIRE THEIR OWN TRANSFER PAPERWORK (may want to request from the company and complete so we can send all paperwork together)
- \_\_\_\_\_ DOES OWNER NEED TO CALL TRANSFER COMPANY DIRECTLY TO LIQUIDATE FUNDS (401K company sponsored IRA)

Over the years we have found that the more the agent and policyholder get involved in the transfer, the faster the transfer. We strongly encourage you to request the policyholder to call, or better yet, do a conference call with you and the transferring company within a short period of time after the paperwork is received by the transferring company.

We have found that there are companies that will only release transfer information to the agent or owner of the policy. These companies include: Great American, Midland, and Transamerica. It is helpful if you put a follow-up reminder on your calendar.