



# LifeSecure Insurance Company

(Formerly Columbia Universal Life)

Administrative Office:

P. O. Box 19085 • Greenville, SC 29602-9085

2000 Wade Hampton Blvd • Greenville, SC 29615-1064

Telephone: 800-880-1370 • Fax: 864-609-3444

**REQUEST FOR  
POLICY/ACCOUNT  
TRANSFER OR  
EXCHANGE OF FUNDS**

## FOR NON-QUALIFIED FUNDS ONLY!

Present Trustee	
Trustee Address	
Trustee Phone/Fax Number	
Account / Policy Number(s)	
Type of Account: <input type="checkbox"/> Non Qualified Annuity <input type="checkbox"/> Other _____	
Owner Name(s)	
Owner Address	
Owner Social Security Number	Owner Taxpayer ID # (If other than SSN)
Insured/Annuitant Name	Insured/Annuitant Social Security Number

### TRANSFER INSTRUCTIONS – Please transfer the policy/account values indicated below:

<input type="checkbox"/> <b>Partial Transfer of Policy/Account Totaling:</b> Dollar Amount of : \$ _____ or Percentage Amount of: _____ %	<input type="checkbox"/> <b>Complete Transfer (Surrender If Life/Annuity Policy)</b> <b>FOR FULL 1035 EXCHANGES:</b> I, the owner, assign and transfer to SLIC 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.
Please Process: <input type="checkbox"/> Immediately <input type="checkbox"/> On or After Date: _____ (if within 3 months of the Date of Acceptance).	
Please transfer the amount stated above to LifeSecure Insurance Company, contract # _____	

### FOR ALL TRANSFERS:

As the owner of the account indicated above, I request the above transfer to SLIC. 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 SLIC. I further agree that SLIC 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: <input type="checkbox"/> ENCLOSED <input type="checkbox"/> NOT REQUIRED to process this transaction. <input type="checkbox"/> NOT APPLICABLE <input type="checkbox"/> 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.
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**W9: I (We) certify, under the penalties of perjury, that the Tax ID(s) furnished on this form is/are true and correct.**

<b>Signature of Owner (s)</b>  	Signature of Agent/Witness	Date
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### LETTER OF ACCEPTANCE

LifeSecure Insurance Company (SLIC) acknowledges that an application has been received from the Owner to establish an account for this transaction to the extent shown above. SLIC will accept the 1035 exchange, transfer or rollover shown to be credited to the account of the Owner.

**Send check to: LifeSecure Ins. Co. • PO Box 19085 • Greenville, SC 29602-9085 for benefit of owner shown above.**

Signature of Authorized Home Office Executive 	Title: President and COO	Date of Acceptance
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