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 to Transfer Funds

For Qualified Transfers

Present Trustee	
Trustee Address	
Account / Policy Number	
Type of Account: ☐ 408B Individual Retirement Annuity or Account (IRA) ☐ 403 (b) Tax Sheltered Annuity ☐ Other	
Owner	
Owner Address	
Owner Social Security Number	Owner Taxpayer Identification Number (If other than SSN)

Please withdraw _____ percent or $ _____ of the account/policy identified above and transfer the proceeds to Columbia Universal Life Insurance Company for contract number _____ .

Please process ☐ Immediately ☐ At Maturity *(Provided that maturity date is no more than three months from today.)*

Signature of Owner	Signature of Witness	Date

LETTER OF ACCEPTANCE

LifeSecure Insurance Company will accept the transfer and will assume full responsibility as trustee *(including accepting funds under Revenue Ruling 90-24)* for the funds described above. Please withdraw and transfer on a fiduciary to fiduciary basis, all or part of the designated account/policy as instructed above. It is the owner's intention that this payment shall not constitute actual or constructive receipt to them for income tax purposes. Please return a copy of this form with your check made payable to and forward to:

LIFESECURE INSURANCE COMPANY
PO Box 19085, Greenville, SC 29602-9085

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