



# 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: <input type="checkbox"/> 408B Individual Retirement Annuity or Account (IRA) <input type="checkbox"/> 403 (b) Tax Sheltered Annuity <input type="checkbox"/> 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 <input type="checkbox"/> Immediately <input type="checkbox"/> At Maturity (Provided that maturity date is no more than three months from today.)		
Signature of Owner	Signature of Witness	Date
<b>LETTER OF ACCEPTANCE</b>  LifeSecure Insurance Company will accept the transfer and will assume full responsibility as trustee ( <i>including accepting funds under Revenue Ruling 90-24</i> ) 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:  <b>LIFESECURE INSURANCE COMPANY</b> <b>PO Box 19085, Greenville, SC 29602-9085</b>		
Signature of Authorized Home Office Executive 	Title:  President and COO	Date of Acceptance