FARMERS LIFE INSURANCE COMPANY

Rollover, Transfer or Exchange Request

Instructions: Complete Section A or B: 1A is for non-qualified annuity transactions, while 1B is for qualified annuity/ account transactions.

1. Existing Contract or Account Information

_____   _____   _____
Name of transferring company/financial institution/custodian   Phone   Contract/Policy/Account Number

_____   _____   _____   _____
Street address of transferring company/   City   State   ZIP
financial institution/custodian

_____   _____
Name of owner(s)   SSN or Tax ID Number

_____   _____
Name of joint owner *if applicable*   SSN or Tax ID Number

_____   _____
Name of annuitant(s). insured(s), or participant *if any*   SSN or Tax ID Number

_____   _____
Name of joint/contingent annuitant, insured or participant *if any*   SSN or Tax ID Number

_____   _____
Name of beneficiary *if participant is deceased*   SSN or Tax ID Number

Current Investment Vehicle:

☐ Certificate of Deposit ☐ Mutual Fund ☐ Annuity (Qualified Only) ☐ Other_____

My existing annuity/life contract/certificate is: ☐ Enclosed   ☐ Not required to process this transaction   ☐ Lost or Destroyed

If this is a complete surrender and I have indicated that the existing contract/certificate is lost or destroyed, I understand that the existing contract/certificate becomes null and void and that I, my personal representative(s), my heirs, and any successors and assignees have no further claims against the existing financial institution with respect to the contract/certificate.

A. 1035 Exchange

☐ *Option 1 – Complete Exchange*

I, the undersigned Owner(s) of the above referenced existing policy/contract/account (the "Policy"), hereby assign and transfer all the owner's assignable benefits, rights, title and interest in the Policy to Farmers Life Insurance Company, waiving all rights, title and demands on the Policy, in an exchange intended to qualify under Section 1035(a) of the Internal Revenue Code. All previous designations of beneficiary and provisions for any Contingent Owner(s) of the Policy are hereby revoked, and Farmers Life Insurance Company is named the sole owner and beneficiary of the assigned Policy. I am aware

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that, upon approval of the application for the new policy, Farmers Life Insurance Company intends to surrender the Policy for the cash surrender value and apply the resulting proceeds to a new contract issued by Farmers Life Insurance Company, and I specifically authorize and approve this action. I understand that as of the date of surrender of the Policy from the current company, the Policy will no longer provide any coverage.

☐ *Option 2 – Partial Exchange*

As owner of the above-referenced contract, the undersigned hereby assigns and transfers to Farmers Life Insurance Company, as indicated above, all rights, title, and interest in the following Assigned Portion _____%, or $_____ (amount) of such contract to effect a partial exchange transaction that is designed to qualify as a tax-free exchange under §1035 of the Internal Revenue Code (Partial §1035 Exchange). The undersigned is aware that Farmers Life Insurance Company intends to request that the Assigned Portion of the above contract be surrendered and apply the resulting proceeds to a new contract issued by Farmers Life Insurance Company, and the undersigned specifically authorizes Farmers Life Insurance Company to do so, without limiting in any way the rights transferred by this assignment. Once the Assigned Portion is received by Farmers Life Insurance Company, the new contract will be issued and interest will begin to be credited. If no such exchange is effected for whatever reason, this assignment shall become null and void, and so shall any interest in any Farmers Life Insurance contract that may result from this assignment, and any proceeds transferred to Farmers Life Insurance Company as a result of this assignment shall be returned to the above contract without any further liability on the part of Farmers Life Insurance Company.

Complete/Partial Exchange Disclosure

To the extent that I have felt it appropriate, I have consulted a tax advisor about this Complete/Partial §1035 Exchange transaction and its potential tax consequences. I understand, acknowledge and agree that Farmers Life Insurance Company assumes no liability or responsibility for any tax consequences associated with this transaction. I represent and agree that Farmers Life Insurance Company is furnishing this form and is participating in this transaction at my request and as an accommodation to me. In consideration of Farmers Life Insurance Company's willingness to participate in this exchange, I accept all responsibility for the validity of this assignment and release Farmers Life Insurance Company from any and all claims or liability resulting from this exchange.

B. Transfer/Rollover

☐ *If you are of required age, please check the box if you have processed your RMD prior to this transfer.*

Type of account funds coming from:

☐ TSA 403(b)   ☐ Traditional IRA   ☐ Roth IRA   ☐ Other_____

This will serve as authorization to liquidate and transfer: ☐ All   ☐ $_____   ☐ _____ % of my account as listed above to the annuity or life insurance policy (as applicable) I have applied for with Farmers Life Insurance Company.

Please withdraw such funds:

☐ Immediately (I am aware of all contractual and tax penalties which may apply)

☐ Upon the maturity date of _____.

Funds are to be transferred to a:

☐ Traditional IRA   ☐ Roth IRA   ☐ Non- Qualified Annuity

Transfers from Non-Qualified Vehicles: I understand that I cannot use this form to transfer funds from a non-qualified vehicle to an IRA or from an existing life insurance policy to any vehicle. I further understand that I cannot use "Part B" of this form to transfer funds from a non-qualified annuity contract to another non-qualified annuity contract as such transfer would require the completion of "Part A" of the 1035 Exchange section.

IRA Transfers: If this transfer of funds is from a traditional IRA to a traditional IRA or from a Roth IRA to a Roth IRA, I intend that the transfer constitutes a tax-free IRA-to-IRA transfer. I understand that a transfer from a traditional IRA to a Roth IRA will be subject to income tax (except to the extent attributable to non-deductible contributions to the traditional IRA).

2. Signatures and Authorizations

The Owner(s) hereby authorize the current financial institution to provide information necessary to complete the requested transfer to Farmers Life Insurance Company. Please liquidate and transfer the funds referenced above to Farmers Life Insurance Company. I represent that my account/policy/contract is not assigned or pledged as collateral and is not subject to any lien or legal proceeding of any kind, including bankruptcy or divorce. Farmers Life Insurance Company is not responsible for any expense, tax effect or surrender charge that may result from of this transaction. I acknowledge that taxable income may arise if the Existing Contract has an outstanding loan or if any part of the cash surrender value does not become part of the New Contract. Unless required by law, please do not withhold any taxes from the proceeds.

Certification and Signatures: Under penalty of perjury, I certify that the Tax ID or Social Security Number furnished above is true and correct.

_____

Name of owner or beneficiary

_____   _____

Signature of owner or beneficiary   Date signed

_____

Name of joint owner *if applicable*

_____   _____

Signature of joint owner *if applicable*   Date signed

_____

Name of spouse *if applicable*

_____   _____

Signature of spouse *if applicable*   Date signed

Spouse's signature required if the Owner is married and resides in a community property state. (Currently AZ, CA, ID, LA, NV, NM, TX, WA and WI)

Acceptance by Administrative Office: Farmers Life Insurance Company acknowledges that an application has been received from the owner referenced above and will accept the funds as requested for the credit of the owner.

_____

Contract number

_____   _____

Name   Title

_____   _____

Authorized signature   Date signed

FARMERS LIFE INSURANCE COMPANY

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