

# GUARANTY INCOME LIFE INSURANCE COMPANY

PO BOX 2231 • Baton Rouge, LA 70821  
929 Government Street • Baton Rouge, LA 70802  
225-383-0355 • 800-535-8110 • FAX 225-343-1747

## Request for **NON-QUALIFIED** Fund Transfer / 1035 Exchange

Please print or type

### A. SURRENDERING COMPANY INFORMATION

Current Trustee, Custodian, or Insurance Company \_\_\_\_\_ Insured/Annuitant/Depositor \_\_\_\_\_

Street \_\_\_\_\_ Owner(s) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Owner's Social Security Number \_\_\_\_\_

Current Account Number(s) \_\_\_\_\_ Owner's Date of Birth (Month/Day/Year) \_\_\_\_\_

### B. DISTRIBUTION INSTRUCTIONS (Not all companies will process a partial account transfer under Sect. 1035 of the Internal Rev. Code)

All Effective:  Immediately To:  New Policy  
 Partial \$ \_\_\_\_\_  Upon the Maturity Date of \_\_\_\_\_  Existing Policy # \_\_\_\_\_

### C. TYPE OF TRANSFER (Current plan type)

FUND TRANSFER

1035 EXCHANGE

### D. TYPE OF ACCOUNT BEING TRANSFERRED

Life Insurance  Annuity  Bank CD

Mutual Fund (name) \_\_\_\_\_

Other (please specify) \_\_\_\_\_

### E. ABSOLUTE ASSIGNMENT TO EFFECT A 1035 EXCHANGE (if Fund Transfer disregard Section E)

Upon the Company's written acceptance of this Assignment, I do hereby assign and transfer without exception, limitations, or reservations to Guaranty Income Life Insurance Company of Baton Rouge, Louisiana (the "Company"), all assignable benefits, interest, property, and rights in the policy or contract (the "Policy") described above in exchange for a new life insurance or non-qualified annuity policy as described in my application to the Company for such new policy. This Assignment shall not be effective until the Company accepts same in writing.

I expressly represent that the sole purpose of this Assignment is to effect an exchange and rollover of an insurance policy under Section 1035 (a) of the Internal Revenue Code. If no exchange takes place, then this Assignment shall become null and void.

I understand that if the Company underwrites and issues a new life insurance or annuity policy on the life of the same insured or annuitant named in the Policy, then the Company intends to surrender the Policy for its cash value and the Policy will no longer be in force or effect as of the coverage termination date. Upon receipt of the surrender value by the Company, the proceeds will be applied to and considered part of the purchase payment for the new life insurance or annuity policy. I specifically assign the Policy to the Company as collateral security for the amount of its cash surrender value.

I represent and warrant that no person, firm or corporation has an interest in the Policy, except the undersigned, and that no proceedings of either a legal or equitable nature have been instituted or are pending against the undersigned.

Furthermore, I understand that by executing this Assignment, I irrevocably waive all rights, claims and demands under the Policy.

I represent and agree that the Company and the undersigned agent, have made no representations concerning my tax treatment under Internal Revenue Code Section 1035, or otherwise. The Company assumes no responsibility for the validity or effect of this assignment nor the undersigned's tax treatment under Internal Revenue Code Section 1035 or otherwise.

### F. THE CONTRACT (Applicable for the Total Transfer of Annuity and Life Insurance Policies Only)

ENCLOSED

LOST/DESTROYED – I 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.

### G. SIGNATURES – Under penalties of perjury, I (We) certify the taxpayer ID numbers shown on this form are correct.

Please liquidate and transfer the proceeds identified above and make the check payable to Guaranty Income Life Insurance Company for the benefit of the above referenced Participant.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_

X

\_\_\_\_\_  
Signature of Policyowner(s) (Assignor)

X

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Signature of Policyowner's Spouse (if Community Property State)

### H. ACCEPTANCE (To be completed by the Home Office)

This is to certify that the above individual has established a:  Life Insurance Policy  Non-Qualified Annuity

Guaranty Income Life Insurance Company will accept the transfer and will assume full responsibility as trustee for the funds described above. Please withdraw and transfer on a fiduciary to fiduciary basis, all or part of the 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 Guaranty Income Life Insurance Company and forward payment to the address above.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_

Authorized Signature/Title

### I. COST BASIS REQUESTED

In accordance with the Tax Equity and Fiscal Responsibility Act of 1982, please complete the attached request for cost basis to the assignee.