



Authorization to initiate a 1035 Exchange or Transfer Funds

Clear Spring Life and Annuity Company Contract Number (to be completed by home office):								
1. Current Financia	al Institution Informat	ion						
Company Name:								
Contract/Policy/Accou	nt Number:							
Address:			Comp	any Phone Number:				
City:	State:	Zip Code: _	Comp	any Fax Number:				
2. Current Owner/	Annuitant Informatior	1						
Owner Name:			Soc	ial Security Number	:			
Address:								
City:	State:	Zip Code: _	Owne	r's Phone Number: _				
Joint Owner Name:			Soci	al Security Number:				
Annuitant Name:			Soci	al Security Number:				
Joint Annuitant Name:			Soci	al Security Number:				
3. Existing Plan Ty	/pe (check one)							
■ Non-Qualified	☐ Traditional IRA	Roth IRA	SEP IRA	☐ Inherited IRA	SIMPLE	IRA		
Qualified Retirement Plan (specify type: 401, Pension, PSP, 403(b)) ¹								
4. Existing Type of	Investment (check	one)						
If the assets being transferred are currently held in an annuity contract or life insurance policy, state replacement forms may be required in order to be compliant with your state's replacement regulations.								
Annuity Life Insurance Certificate of Deposit (CD) Brokerage Account ² Mutual Funds ² Money Market								
² Contact financial institutio	n to liquidate the account p	rior to submitting tra	ansfer paperwork fo	or securities.	Other			
5. Transaction Typ	e (check one)							
Non-Qualified Excha	nge:							
1035 Exchange –	xchange – Surrender of a non-qualified policy/contract for the purchase of another non-qualified contract under Sec. 1035 of the Internal Revenue Code. Registration of owner must be "like for like" with the same ownership.							
	Cost Basis Requested: In accordance with the Tax Equity and Fiscal Responsibility Act of 1982, furnish a statement to the replacing company and the former contract holder of the cost basis of the contract or policy.							
Liquidation of Nor	n-Qualified Account							



PO Box 80509 Indianapolis, Indiana 46280 800.767.7749

Qua	alified Exchange:					
	Direct Rollover — This amount represents all or part of my eligible rollover distribution. I understand there will be no mandatory 20% withholding from this distribution because it is a direct rollover to an eligible retirement plans as defined under applicable tax law. Liquidate any stocks, bonds, CDs, mutual funds, money market accounts or other securities.					
	Direct Transfer – Surrender of a qualified account established under Sec. 402 or 408 of the Internal Revenue Code for reinvestment in a qualified annuity contract established under the same section of the Internal Revenue Code.					
Req	uired Minimum Distribution status for current tax year: (check one)					
	Not 72, RMD not required.					
	RMD has already been satisfied.					
	RMD has not been satisfied. Please process prior to transfer.					
	Process RMD prior to issue at Clear Spring Life.					
	Roth IRA Conversion					
6. 7	Transfer Instructions (check one)					
Req	uest to transfer or liquidate: Full Transfer/Liquidation					
	Partial Transfer/Liquidation (please indicate the amount or percentage to be transferred) \$ or %					
Tran	sfer or liquidation effective:					
	Immediately					
	On maturity/liquidation date:					
7.	Lost Contract Statement (check one)					
	Contract is attached or enclosed Certification of lost contract – I/We certify that the above numbered contract has been lost or destroyed, and to the best of my/our knowledge and belief, is not in anyone's possession.					

8. Assignment of Ownership

I/We, the undersigned, hereby state that I/we am/are the owner of the life insurance, endowment, account or annuity contract identified above. For the purpose of making an Internal Revenue Code Section 1035 Exchange of insurance or annuity contract, or direct transfer of a qualified account, I/We hereby absolutely assign and transfer all rights, benefits, interests and property I/we have in the above identified contract/account to the assignee identified above (hereafter "the Company"). This assignment and exchange is conditioned upon the decision by the Company to issue, on the basis set forth in the application, an annuity contract. After acceptance of the application by the Company, this assignment will become absolute and the Company will issue to me an annuity contract in exchange for the partial or full and complete surrender of the above listed contact and that the cash surrender value will be applied as a premium on the contract issued to me by the Company. The Company assumes no liability for any delay by the other Company in processing the assignment of ownership, the request for surrender or the payment of the cash surrender value. I/we understand that the Company will request the immediate surrender of the contract being assigned to them as part of the Section 1035 Exchange or Transfer. If I/we elect to refuse the policy issued by the Company under the "free-look" provision, I/we recognize that the assigned contract may have already been surrendered for its cash surrender value. If I/we refuse the policy under the "free-look" the Company has no liability beyond the return of the cash surrender value of the assigned contract directly to the original source of the funds received. If no premium is paid with the application, coverage under the new policy issued by the Company becomes effective when coverage under the existing policy identified above ceases because the other insurer has processed the Company's request for surrender. I/we certify that no proceeding in bankruptcy or insolvency, voluntary o





9. Acknowledgements and Authorizations

I am aware of any surrender/withdrawal penalties that may apply, and I authorize the transaction in doing so described above.

The undersigned represents and agrees that the Company is participating in this transaction at the undersigned's specific request and as an accommodation to the undersigned. It is further agreed that neither the Company, nor the officer, employee, agent, or any person acting on behalf of the Company warrants or represents the income tax consequences of this transaction I/we have been advised by the Company, and/or its officers, agents, employees, or persons acting on the Company's behalf, that I/we should consult my/our own tax advisor regarding the tax consequences of this transaction. I/we have not relied on the Company or any agent of the Company for any tax advice.

I/we agree to release, indemnify, and hold harmless Clear Spring Life and Annuity Company and its directors, officers, employees, agents, parents subsidiaries, and affiliates, and their directors, officers, employees, and agents as transfer agent from and against any and all claims, liabilities, damages, costs, charges and expenses, including reasonable attorney fees, sustained or incurred by reason of any claim, litigation, arbitration or other proceeding arising as a result of Clear Spring Life's transfer of the above-referenced funds at my/our request.

Without limiting the foregoing, I/we specifically acknowledge and agree that Clear Spring Life shall not be responsible for any loss due to market fluctuations which I/we incur as a result of any delay in the transfer of such funds and acknowledge and agree that it is my/our responsibility to request the transferring company to transfer these funds to the fixed or general account of the annuity from which the exchange is being made pending the processing and completion of this request.

Signature of Owner	Date	Signature of Joint Owner	Date		
Signature of Spouse (Required in AK, AZ, CA, ID, LA, NM, IWI)	Date NV, TX, WA,		Signature Guarantee For requesting securities at the transferring company, if required		
Please make check payable to:					
Clear Spring Life and Annuity Com	pany FBO:				
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10. To Be Completed By Clear	Spring Life and Annui	ty Company			
ACCEPTANCE: This is to certify the	nat the above individual h	nas established a:			
Tax-Qualified Annuity Non-Qual	ified Annuity				
The authorized signature below ce request. After deducting any sums copy of this form to:					
CLEAR SPRING LIFE AND ANNU	ITY COMPANY / Issuer	/ Assignee			
By:					
Signature / Title		Date	Date		