

All TSA 403(b)/457 Annuities require your Plan Administrator's signature on this form prior to sending to LSW.

A. Transferring Financial Institution Information

Name of Financial Institution _____
 Address _____
 City _____ State _____ Zip Code _____
 Telephone No. _____

B. Owner/Annuitant of Policy/Account to be Transferred or Exchanged

Owner's Name _____
 Owner's SSN/TIN _____
 Joint Owner's Name _____
 Joint Owner's SSN/TIN _____
 Owner's Daytime Telephone _____
 Annuitant's/Insured's Name _____

C. Policy or Account Information (Complete a separate form for each company.)

Existing Policy/Account	Full Amt	Partial Amt	Periodic Transfer/Exchange for _____ years (Annuities only)
Policy/Account #1 _____	<input type="checkbox"/> OR \$ _____	<input type="checkbox"/> OR \$ _____	<input type="checkbox"/> Mon <input type="checkbox"/> Qtly <input type="checkbox"/> Semi-Ann <input type="checkbox"/> Ann
Policy/Account #2 _____	<input type="checkbox"/> OR \$ _____	<input type="checkbox"/> OR \$ _____	<input type="checkbox"/> Mon <input type="checkbox"/> Qtly <input type="checkbox"/> Semi-Ann <input type="checkbox"/> Ann
Policy/Account #3 _____	<input type="checkbox"/> OR \$ _____	<input type="checkbox"/> OR \$ _____	<input type="checkbox"/> Mon <input type="checkbox"/> Qtly <input type="checkbox"/> Semi-Ann <input type="checkbox"/> Ann

Total estimated amount to be transferred/exchanged \$ _____

Loan to be carried forward \$ _____ (Only available with Provider, TSA 403(b) & 457)

Proceeds to be Transferred from:

- Bank Account
- CD
- Mutual Fund
- Annuity
- Endowment
- Life Policy

Applied to:

- Annuity
 - Endowment
 - Life Policy
- Policy No: _____

Transfer:

- Immediately
- Specific date _____ (mm/dd/yyyy)

My Policy Is:

- Attached
- No policy involved
- Lost or Destroyed: I certify I am unable to find the above described policy.

From Existing Tax Status:

- Qualified
 - Traditional IRA
 - SEP IRA
 - SIMPLE IRA - Original Participation date _____ (mm/dd/yyyy)
 - Roth IRA
 - Pension/Profit Sharing/401(k)
 - TSA 403(b)
 - Roth 403(b) - Original Participation date _____ (mm/dd/yyyy)
 - Governmental 457*
 - Other _____

*If 457, is any part of the premium subject to the IRS premature distribution penalty? Yes No

- Non-Qualified

Note: Multiple Policy/Accounts with different existing tax status, identify the correct tax status for each Policy/Account above with corresponding #1, 2, 3.

Transfers into Multi-Account Annuities. Transfer will be applied proportionately according to the interest crediting methodology in effect at the time the premium is received, unless you elect an alternate allocation below.

- I elect an alternate Premium Allocation for this transfer only (Must be whole numbers and equal 100%.)

Multi-Account Annuities:

Declared Interest Account (007) _____ %
S & P 500®
 Ending Index Account (003) _____ %
 Average Index Account (005) _____ %

SecurePlus Saver Series: (Multi-Account/Multi-Index Annuities)

Declared Interest Account (007) _____ %
S & P 500®
 Ending Index Rate Option 1 (003) _____ %
 Ending Index Rate Option 2 (008) _____ %
 Average Index Account (005) _____ %
Russell 2000®
 Ending Index Rate Option 1 (009) _____ %
 Ending Index Rate Option 2 (010) _____ %

Transfer or Exchange (Continued)

D. This Section Must Be Completed for a 403(b) Transfer/Exchange

If this transfer/exchange is going into a new annuity, who was the last employer for which salary reduction contributions were made to the policy to be transferred/exchanged?

Employer: _____

Address: _____

City _____

State _____

Zip Code _____

Telephone No.: _____

403(b) Plan Contact Name: _____

Certification: The current employer information contained in both the application for the policy to which the transfer/exchange is to be made and/or this transfer/exchange form is correct and should be used for issue purposes.

E. General Agreement

- Under penalties of perjury, I certify that (1) the number shown on this application is my correct taxpayer identification number; (2) the IRS has never notified me that I am subject to backup withholding, or has notified me that I am no longer subject to such withholding or I am exempt from such withholding; and (3) I am a U.S. person (including a U.S. resident alien). You must cross out item 2 if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return.
- I represent and warrant that the said current policy/account has not been assigned or pledged as collateral and is not subject to any lien, encumbrance, or legal proceedings of any kind, including bankruptcy. I am responsible for continuing any premium payment for my current policy (if necessary to keep the policy in force) until the surrendering company mails the policy proceeds to Issuing Company. I further agree that the Issuing Company is not responsible for any tax effect of this transfer or any delay by the surrendering company in processing this request. I am responsible for surrender charges and/or fees that result from this transfer.
- Upon surrender, transfer, or rollover on the current policy/account, the cash value when received by the Issuing Company at its Administrative/Home Office, will be applied to the new policy. To the extent that the Issuing Company agrees to a loan being carried forward from the current policy, the amount of the loan will be applied to the new policy. All proceeds from the surrender are intended to be applied to the new policy, subject to its terms. If for any reason the new policy is not placed, the policy/account owner will receive an amount equal to the cash value received from the surrendering company.
- All exchanges, transfers and rollovers are subject to the applicable IRS rules. Any rollover proceeds must comply with the rollover rules of IRC Section 402, et al.
- Any Required Minimum Distribution has been or will be taken prior to the transfer of these proceeds as required by IRC Section 401(a)(9).
- Information relative to this transaction may be furnished to the Issuing Company.

F. Full 1035 Exchange Assignment and Exchange Agreement

- I, the Owner, assign and transfer to the Issuing Company, all right, title and beneficial interest in the current policy for the sole purpose of effecting an exchange under Section 1035 of the Internal Revenue Code. *If the new policy applied for is, due to any reason, not issued, the current policy will be reassigned to the policy owner named above.*
- For internal exchanges, the Applicant agrees that if the original policy is a variable policy, its Cash Surrender Value shall be determined as of the last market day prior to issue of the new policy and agrees that all proceeds from the exchange are intended to be applied to the new policy.
- I recognize that the discharge of any loan on the current policy may constitute cash received under IRC Section 1031(b), and that cash received as a result of the exchange may be reported as income to me to the extent there is a gain in the current policy.
- If the Issuing Company is unable, within 6 months, to effect a surrender of the current policy issued by the current Company, then this Agreement and any assignment of the current policy to the Issuing Company shall become null and void. The Issuing Company will reassign the current policy to the owner.

G. Signature(s) As Owner of the policy/account indicated above. I request liquidation and transfer of the proceeds to Life Insurance Company of the Southwest.

Applicant/Owner(s) _____ Date _____

Joint Owner _____ Date _____

Spouse _____ Date _____

(Required in community property states: AZ, CA, ID, LA, NM, NV, TX, WA, WI)

Plan Administrator's
Signature & Title _____ Date _____

Collateral Assignee _____ Date _____

Irrevocable Beneficiary _____ Date _____

Participant _____ Date _____

(Group annuity business only)

Witness _____ Date _____

Signature Guarantee: *(If your signature must be guaranteed by a Bank or Firm, the Signature Guarantee Stamp is required here. Note: Life Insurance Company of the Southwest cannot guarantee signature.)*

Transfer or Exchange (Continued)

H. Acceptance *(To be completed and signed by the Life Insurance Company of the Southwest Home Office authorized representative.)*

- We will accept the Full 1035 Exchange Partial 1035 Exchange Transfer Rollover Other, as indicated
- Dollar Acceptance Limits: Minimum \$ _____ Maximum \$ _____
- LSW will not accept a defaulted loan balance.

- **Make check payable to Life Insurance Company of the Southwest and mail to:**

- LSW Administrative Offices**

- FBO the Owner noted on the reverse side
 - One National Life Drive
 - Montpelier, VT 05604
 - Service: 800-732-8939

- LSW Home Offices**

- FBO the Owner noted on the reverse side
 - 1300 W Mockingbird Lane
 - Dallas, TX 75247-4921
 - Service: 800-579-2878

- **Provide Cost Basis (pre and post August 14, 1982) for 1035 Exchanges.**
- **Provide 1986 and 1988 year-end balance for 403(b).**

Acceptance Authorized Signature _____ Date _____

Enclosed is Signature Authorization