

Annuity 1035 Exchange and Transfer/Rollover Form



INSURER - OM Financial Life Insurance Company

Instructions: Complete Section A or B

- 1A is for non-qualified annuity transactions
- 1B is for qualified annuity/account transactions

1 Current Contract Information (Please print clearly using a black or blue pen)

Current Company/Financial Institution		Phone Number	Contract/Policy Number Being Exchanged/Transferred	
Street Address of Current Insurance Company/Financial Institution		City	State	Zip
Owner(s) Name		Social Security Number or Tax Identification Number		
Joint Owner (if any)		Social Security Number or Tax Identification Number		
Annuitant(s) Name (if other than owner)		Social Security Number		
Joint/Contingent Annuitant Name (if any)		Social Security Number		

A 1035 Exchange

Option 1 - Complete Exchange - I, the undersigned Owner(s) of the above referenced current policy (the "Policy"), hereby assign and transfer all assignable benefits, rights, title and interest in the Policy to OM Financial Life Insurance Company (OM Financial Life), 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 OM Financial Life is named the sole owner and beneficiary of the assigned Policy. I am aware that, upon approval of the application for the new policy, OM Financial Life Insurance Company intends to surrender the Policy for the cash surrender value, 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 OM Financial 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 OM Financial Life, intends to request that the Assigned Portion of the above contract be surrendered and apply the resulting proceeds to a new contract issued by OM Financial Life, and the undersigned specifically authorizes OM Financial Life, to do so, without limiting in any way the rights transferred by this assignment. Once the Assigned Portion is received by OM Financial Life, 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 OM Financial Life, contract that may result from this assignment, and any proceeds transferred to OM Financial Life, as a result of this assignment shall be returned to the above contract without any further liability on the part of OM Financial Life.

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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 OM Financial Life, assumes no liability or responsibility for any tax consequences associated with this transaction. I represent and agree that OM Financial Life, is furnishing this form and is participating in this transaction at my request and as an accommodation to me.

B Transfer/Rollover

If you are 70 ½, please check the circle if you have processed your RMD prior to this transfer.

Type of account funds coming from:

- TSA 403(b) Traditional IRA Roth IRA Other _____

Current Investment Vehicle:

- Certificate of Deposit Mutual Fund Annuity (Qualified Only) 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 OM Financial 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:

- TSA 403(b) Traditional IRA Roth IRA Non- Qualified Annuity

If funds are being transferred into a 403(b) Annuity (TSA), please complete Section (3): TSA Employer's Acknowledgement.

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)

Return of Contract/Policy - Signatures and Authorizations (Please choose one if you are transferring the full value of your current contract/policy.)

Check one: Policy Attached

- Lost Policy Certification - The undersigned Owner(s) hereby certifies that the Policy has been lost or destroyed.

_____	_____	_____
Witness	Owner(s) Signature	Joint Owner Signature
_____	_____	_____
Date	Annuitant(s) Signature	Joint/Contingent Annuitant Signature

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Signature Guarantee Stamp:

Name of Bank or Broker / Dealer

Date

Note: For a mutual fund disbursement, your signature(s) must be guaranteed by a commercial bank, trust company, savings bank or savings and loan association which maintains FDIC insurance, or a member of principal securities exchange. A notarized signature will not be sufficient for the request to be in proper form.

3 TSA Employer's Acknowledgement

(Signed by Employer/Plan Administrator)

As the Employer/Plan Administrator of the Plan under which the individual identified in Section 1 of this form is a current or former plan participant, I hereby acknowledge that this transaction is permitted under the Employer's Plan and is hereby approved.

Note: OM Financial Life Insurance Company (OM Financial Life) requires that you enter into an Information Sharing Agreement with us before this transfer/rollover can be processed. The Employer/Plan Administrator must sign/date the Information Sharing Agreement, make a copy for their records and return the original along with the application to OM Financial Life.

Print Name of Employer/Plan Administrator

Print Title

Date

Signature of Employer/Plan Administrator

Phone Number

Fax Number

Address of Employer/Plan Administrator

City, State and Zip