Sentinel Security Life

DIRECT CUSTODIAL TRANSFER REQUEST

(CD's, Qualified, Non-Qualified, Mutual Funds & Qualified Annuities)

2121 South State St., Salt Lake City, UT 84115 • Toll Free 800.247.1423

Complete One Side Only

Existing Company			Phone Number
Existing Company Address			Existing Contract Number
City	State	Zip	Investment Vehicle (CD, Mutual Fund, etc.)
Account Type (IRA, Roth IRA, 401(k), Keogh, etc.)	Maturity Date		☐ Transfer Funds Immediately ☐ Transfer at Maturity
Insured's / Annuitant's Name			Annuitant's Social Security Number
Joint Insured's / Annuitant's Name			Joint Annuitant's Social Security Number
Owner's Name			Owner's Social Security Number
Joint Owner's Name			Joint Owner's Social Security Number

☐ Contract / CD enclosed ☐ I have lost, destroyed or mislaid my contract / CD

AUTHORIZATION TO SELL, LIQUIDATE AND TRANSFER FUNDS

This will serve as authorization to liquidate and transfer ☐ ALL ☐ $_____ ☐ _____%

Of my account as listed above to the contract I have established through Sentinel Security Life Insurance Company.

Note: A Medallion Signature guarantee may be required.

_____ _____

Owner's Signature(s) Date Medallion Signature Guarantee by: Name of Bank or Firm

_____ _____

Joint Owner's Signature (if applicable) Date Signature of Officer & Title

REQUIRED MINIMUM DISTRIBUTION – DIRECT TRANSFER INFORMATION

My Required Minimum Distribution (RMD) **Must complete if client is 70 ½ or older.**

☐ has been taken already for this year. ☐ has not been taken. **(Complete form #SSLAN-RMD-OT)**

INFORMATION MUST BE COMPLETED AT TIME OF APPLICATION

Acceptance by Sentinel Life Insurance Company

We agree to accept the transfer described above for the _____ Plan established on behalf of the above named individual. Sentinel Life Insurance Company accepts its appointments as successor custodian of the above account and requests the liquidation and transfer of assets indicated above.

_____ _____

Accepted By (Signature & Title of Authorizing Officer of Sentinel Security Life) Date

MAKE CHECK PAYABLE TO:

SENTINEL SECURITY LIFE INSURANCE COMPANY

Reference Contract Number _____

Mailing Address: 2121 South State St., Salt Lake City, UT 84115