

**AUTHORIZATION TO TRANSFER FUNDS TO:**

STANDARD LIFE INSURANCE COMPANY OF INDIANA  
P.O. BOX 80248  
Indianapolis, IN 46280-0248  
www.standardlifeofindiana.com

**1. FUNDS COMING FROM** (Replaced Company Name and Address):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone number of Replaced Company \_\_\_\_\_

Insured/Annuitant \_\_\_\_\_

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Social Security Number

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

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Social Security Number

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contract Number/Acct. # \_\_\_\_\_ Acct./Plan Type \_\_\_\_\_

The undersigned hereby requests and directs that the following action be taken in order to transfer the account/policy funds identified above:

**2. CERTIFICATE OF DEPOSIT**

- a. LIQUIDATE CERTIFICATES OF DEPOSIT: Upon receipt of this request. I am aware of any penalty that may be imposed from an early withdrawal.
- b. LIQUIDATE CERTIFICATES OF DEPOSIT on the maturity date.
- c. Amount to be transferred (if not all) \$ \_\_\_\_\_

**3. MUTUAL FUNDS/MONEY MARKET ACCOUNT (FOR NON-QUALIFIED FUNDS.)**

- a. LIQUIDATE MUTUAL FUND/MONEY MARKET ACCOUNT (Attach copy of recent statement.)
- b. Amount to be transferred (if not all) \$ \_\_\_\_\_

**4. ASSIGNMENT**

- ABSOLUTE ASSIGNMENT: The owner of the above insurance contract(s) hereby assigns all ownership and beneficial rights under the contract(s) absolutely to the following assignee:

ASSIGNEE: Standard Life Insurance Company of Indiana ID NUMBER: 35-0679520

All previous designations of beneficiary and payee, and all previous elections of payment options under the contract(s) are irrevocably transferred. The sole beneficiary and payee of all amounts payable on the contract(s) shall be the above-named assignee. The assignment is subject to any prior collateral assignments affecting the contract(s).

**5. ANNUITY CONTRACTS**

- a. 1035 tax-free exchange. Surrender of a non-qualified annuity contract(s) for the purchase of another non-qualified contract under Sec. 1035 of the Internal Revenue Code.
- b. Direct transfer. Surrender of a qualified annuity contract(s) (established under Sec. 401, 403b, or 408 of the Internal Revenue Code) for reinvestment in a qualified annuity contract established under the same section of the Internal Revenue Code.

**Please have any Required Minimum Distribution taken out prior to transferring my funds.**

**6. INDIVIDUAL RETIREMENT ACCOUNT (INCLUDING QUALIFIED MUTUAL FUNDS/MONEY MARKET ACCOUNT)**

a. LIQUIDATE IRA: Upon receipt of this request, I am aware of any penalty that may be imposed from an early withdrawal.

**Please have any Required Minimum Distribution taken out prior to transferring my funds.**

b. Amount to be transferred (if not all) \$ \_\_\_\_\_.

**7. LIFE CONTRACTS**

a. 1035 tax-free exchange. Surrender of a life insurance contract for the purchase of another contract under Sec. 1035 of the Internal Revenue Code.

b. The undersigned as owner of this contract elects to surrender the said contract for its net cash value and directs the transferring company to make payment(s) to the named assignee.

**8. LOST CONTRACT STATEMENT**

CERTIFICATE 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.

Owner's Signature \_\_\_\_\_

**9. COST BASIS**

COST BASIS REQUESTED

In accordance with the Tax Equity and Fiscal Responsibility Act of 1982, please submit a cost basis to the assignee.

**10.** I am aware that I am responsible for payment of the Federal Income Tax on the taxable portion of this surrender and that I may be subject to tax penalties under Estimated Tax Payment rules if my payments of estimated tax and withholding, if any, are not adequate. I am also aware of any surrender/withdrawal penalties which may apply, and I authorize the transaction described above. Please make check payable to:

Standard Life Insurance Company of Indiana FBO: \_\_\_\_\_

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_  
(City, State)

Witness \_\_\_\_\_ Signature \_\_\_\_\_  
(Owner)

Witness \_\_\_\_\_ Signature \_\_\_\_\_  
(Owner)

Signature Guarantee (if required)

Signature \_\_\_\_\_  
(Irrevocable Beneficiary)

**TO BE COMPLETED BY STANDARD LIFE INSURANCE COMPANY OF INDIANA**

**11. ACCEPTANCE:** This is to certify that the above individual has established a:

Tax-qualified annuity       Non-qualified annuity       Life contract

The authorized signature below certifies acceptance of the assignment and surrender or transfer of funds as instructed in this request. After deducting any sums as are permitted under the plan, please complete this transaction and send a check with a copy of this form to:

Issuer/Assignee: Standard Life Insurance Company of Indiana

By \_\_\_\_\_ (Signature/Title) \_\_\_\_\_ (Date)