



**SUNSET LIFE INSURANCE COMPANY (SSL)**  
 PO Box 219104 • Kansas City, Missouri 64121-9104  
 3520 Broadway • Kansas City, Missouri 64111-2502  
 800-678-6898 • 816-753-7000 • FAX 816-753-1354 • www.SunsetLife.com

**Request for  
 Policy/Account  
 Transfer or Exchange**

**Current Trustee/Insurance Company/Financial Institution ("FI")**

Street Address of Current Trustee/Ins. Co./FI \_\_\_\_\_

City State Zip of Current Trustee/Ins. Co./FI \_\_\_\_\_

Telephone Number of Current Trustee/Ins. Co./FI \_\_\_\_\_

**Policy Owner/Account Owner Name(s)**

Policy/Account Number(s) \_\_\_\_\_

Owner Social Security Number(s) or Tax I.D. Number(s) \_\_\_\_\_

Annuitant/Insured Name(s) (if other than owner) \_\_\_\_\_

**TRANSFER INSTRUCTIONS:**  
 Please transfer the policy/account values indicated below:

**Partial:** Transfer policy/account value totaling \$ \_\_\_\_\_ or %

**Complete:** Transfer all policy/account values. Surrender if an annuity policy.

**FOR FULL 1035 EXCHANGES:** I, the owner, assign and transfer to SSL all rights and interest in the above noted policy/certificate for the sole purpose of effecting a transfer exchange under Section 1035 of the Internal Revenue Code.

**When should the transfer occur?**

Transfer policy/account values immediately.

Transfer policy/account on \_\_\_\_\_

**NON-QUALIFIED TYPE OF TRANSFER:**

**Non-Qualified Policy/Account Values, 1035 Exchange**

**Non-Qualified Funds, Non-1035 Exchange from:**

Mutual Fund  Bank CD  Other Non-Qualified Asset

**QUALIFIED TYPE OF TRANSFER:**

<b>From:</b>	<b>To:</b>
<input type="checkbox"/> IRA, SEP	<input type="checkbox"/> IRA, SEP
<input type="checkbox"/> Tax-Sheltered Annuity {403(b)}	<input type="checkbox"/> Tax-Sheltered Annuity {403(b)}
<input type="checkbox"/> 401(k) Qualified Savings Plan	<input type="checkbox"/> Roth IRA
<input type="checkbox"/> Roth IRA	<input type="checkbox"/> Other _____
<input type="checkbox"/> Other _____	

**Type of Qualified Transfer or Rollover::**

Direct Transfer (Rev. Rul. 90-24)  Direct Rollover (UCA-92)

Trustee to Trustee Transfer  Non-Direct Rollover

**Retirement Plan to an IRA:**  
*(To be completed only if rolling a Retirement Plan to an IRA)*

Plan Termination  Death  Disability

Separation from Service  Over Age 59 1/2  Divorce

**REQUIRED MINIMUM DISTRIBUTION (RMD) INFORMATION FOR QUALIFIED PLANS ONLY:**

A) Have you reached age 70½ or older in this calendar year?  YES  NO *(If the Answer to A, is NO, Disregard B, C & D.)*

B) Have you satisfied your RMD for this taxable year from the distributing plan?  YES  NO *(If the Answer to B is YES, Disregard C.)*

C) I direct the present custodian/trustee/insurer to:  Distribute my RMD to me before transferring my Qualified funds **or**  Transfer the entire amount. The RMD has been or will be made from another account.

**NOTICE:**  
**This form MAY NOT be used to transfer funds from a Life Insurance Policy.**  
**If transferring funds from an annuity, Replacement of Annuity Form # M444 must be submitted to SSL.**

As the owner of the account indicated above, I request the above transfer to SSL. I represent and warrant that said 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/account (if necessary to keep the policy/account in force) until the surrendering company mails the policy/account proceeds to SSL. I further agree that SSL is not responsible for the tax effect of this transfer. I am responsible for all surrender charges and/or fees that result from this transfer. Please do not withhold any amount for taxes from the proceeds unless requested by me to do so or as otherwise required by law.

**W9: I (We) certify, under the penalties of perjury, that the Tax ID number(s) furnished on this form is/are true and correct.**

**My Annuity contract/policy is:**  Enclosed  Lost /Destroyed: I certify the above policy is lost or destroyed  Not Applicable.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_ at \_\_\_\_\_

\_\_\_\_\_  
 Signature of Agent

**X**

\_\_\_\_\_  
 Signature of Policy Owner(s) (Assignor)

**X**

\_\_\_\_\_  
 Signature Guarantee (For transfers from mutual funds.)

\_\_\_\_\_  
 Signature of Policy Owner's Spouse (Required in Community Property States)

**ACCEPTANCE BY HOME OFFICE**  
 Sunset Life Insurance Company (SSL) acknowledges that an application has been received from the Owner to establish an account for this transaction to the extent shown above. SSL will accept the 1035 exchange, transfer or rollover shown to be credited to the account of the Owner.

**Make check payable to: Sunset Life Insurance Company, 3520 Broadway, P.O. Box 219104 • Kansas City, MO 64121-9104 FBO the owner(s) noted above.**

\_\_\_\_\_  
 SSL Policy Number

\_\_\_\_\_  
 Authorized Signature/Title

\_\_\_\_\_  
 Date