



# 1035 Exchange, Rollover or Transfer Request Form

(Hereafter referred to as the Company, we, our or us)

6400 C Street SW, Cedar Rapids IA 52499

Fax: (877) 355-4385

Website: www.transamerica.com

**Complete all applicable sections in their entirety to meet surrendering company requirements.**

Use this form to request a **Full or Partial Exchange** of policies pursuant to Section 1035 of the Internal Revenue Code (IRC), a **Transfer of Funds** or a **Direct Rollover** of qualified funds, or a **Redemption** of Mutual Funds or Certificate of Deposit.

### SURRENDERING ACCOUNT INFORMATION

Complete one form for each surrendering company and contract (make additional copies as necessary).

Anticipated Premium

Insurance Company/Financial Institution Name

Insurance Company/Financial Institution Telephone Number

Insurance Company/Financial Institution Physical Address

City, State Zip

Policy/Account Owner Name

Policy Owner Social Security Number/Taxpayer Identification Number (SSN/TIN)

Policy/Account Number to be Exchanged

Joint Owner Name (if applicable)

Joint Owner SSN/TIN

Annuitant Name (Joint Annuitant - if applicable)

Annuitant SSN/TIN

### ROLLOVER, TRANSFER, AND 1035 EXCHANGE INSTRUCTIONS

If a Systematic Payout Option (SPO) is currently being taken from your annuity, the payment may stop and a new SPO payment form may be completed and submitted to the Company to continue receiving SPO payments. If the SPO was a series of substantially equal periodic payments which qualified as an exception to the 10% premature distribution penalty tax, it may be considered a modification of the series of payments and will result in the imposition of the 10% penalty tax on all previous payments.

#### Qualified Funds Rollover or Transfer

**Required Minimum Distribution Information** (for participants who have attained their Required Beginning Date): The Company will make the assumption that Required Minimum Distributions for this and previous tax years have been taken before the account is transferred.

The undersigned owner(s)/participant(s) hereby authorize(s) the direct rollover/transfer of the funds into a qualified annuity (new or existing) with the Company.

#### 1035 Exchange Information

The undersigned owner(s) hereby request(s) a partial withdrawal or full surrender of their existing policy in exchange for an annuity (new or existing) with the Company. It is intended that this transfer will qualify as a tax-free exchange under Section 1035 of the IRC. The annuity issued by the Company will have the same owner/annuitant (insured) designations as the existing policy, unless otherwise agreed by the Company, in its sole and absolute discretion. The undersigned understands that the owner(s) will be subject to a new surrender charge period, if applicable.

For a withdrawal from a non-qualified annuity that is/was involved in a partial 1035 exchange occurring on/or after October 24, 2011: if a withdrawal is taken from either the original or the new contract within 180 days after the partial exchange, the partial exchange may not qualify as a non-taxable transaction under Section 1035 of the IRC. You may wish to consult your tax advisor with any questions about these transactions.

**LIQUIDATION / TRANSFER OPTIONS:**

**Liquidate and Transfer:**

(Check ONE option)

- Full amount
- Partial withdrawal of \$ \_\_\_\_\_
- Partial withdrawal of \_\_\_\_\_ % of account value

**Liquidate and Transfer:**

(Check ONE option)

- Immediately
- After Date of: \_\_\_\_\_
- Before Date of: \_\_\_\_\_

**Please send surrender value to the Company at the following address:**

6400 C Street SW  
Cedar Rapids, IA 52499

**Indicate the check is for the benefit of:**

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

\_\_\_\_\_  
New Policy Number (if known) to Reference on Check

**ROLLOVER / TRANSFER / 1035 EXCHANGE OR REDEMPTION FUNDING**

**Rollover or Transfer From:**

(check ONE option)

**Non-Qualified Funds**

- Non-Qualified Annuity
- Non-Qualified Stretch Annuity
- Non-Qualified Certificate of Deposit
- Non-Qualified Mutual Fund
- Life Insurance
- Other: \_\_\_\_\_

**Qualified Funds**

- Traditional IRA
- Roth IRA: Original contribution date - \_\_\_\_\_  
(Can only be transferred to another Roth IRA)
- SEP IRA
- SIMPLE IRA
- Inherited IRA
- Profit Sharing Plan
- Pension Plan
- 401(k)
- 403(b) Tax Sheltered Annuity (**complete 403(b) Liquidation information below**)
- 10 Year Delay
- Other: \_\_\_\_\_

**Rollover or Transfer To:**

(check ONE option)

**Non-Qualified Funds**

- Non-Qualified Annuity
- Non-Qualified Stretch Annuity
- Other: \_\_\_\_\_

**Qualified Funds**

- Traditional IRA
- Roth IRA
- SEP IRA
- SIMPLE IRA
- Inherited IRA
- 10 Year Delay
- Other: \_\_\_\_\_

**COMPLETE FOR 403(b) LIQUIDATIONS ONLY**

On behalf of the employer, I acknowledge that the request from the named Owner is in compliance with the terms of the Employer's Section 403(b) Plan.

- By checking this box, I certify the consent of the Policy Owner's spouse is necessary.

\_\_\_\_\_  
Employer Name

\_\_\_\_\_  
Name/Title of Authorized Employer Representative

\_\_\_\_\_  
Authorized Employer Representative Signature

\_\_\_\_\_  
Date

**ACCEPTANCE OF 1035 EXCHANGE / TRUSTEE TRANSFER / DIRECT ROLLOVER**

**For Receiving Company Use Only**

**1035 Exchanges:** By signature of an authorized officer below, the receiving company accepts the assignment of all or a portion of the above contract for purposes of complying with the client's intention of effecting a nontaxable exchange under Section 1035 of the IRC. Please remit the funds on behalf of the owner to the receiving company. The receiving company must know the owner's cost basis, the receiving company requests you forward the cost basis information along with the remitted funds to the address provided. **PLEASE NOTE:** Any income on the exchange should be reported to the owner, not the receiving company.

**Qualified Transfers/Direct Rollovers:** As the designated Company/Financial Institution, we will accept this money as a tax-free transfer or direct rollover under sections 401, 402, 408, or 408A of the IRC. Please remit the funds on behalf of the owner and/or participant to the receiving company.

\_\_\_\_\_  
Receiving Insurance Company/Financial Institution

\_\_\_\_\_  
Name/Title of Authorized Officer

\_\_\_\_\_  
Signature of Authorized Officer

\_\_\_\_\_  
Date

**REQUIRED SIGNATURES & CERTIFICATIONS**

I fully assign and transfer all claims, options, privileges, rights, title and interest to either all of the life insurance policy, all of the annuity contract or part of the annuity contract value identified in Section 1 to the receiving company. I agree I am responsible for determining whether a transfer made using this form meets federal tax laws and Internal Revenue Service requirements relating to non-taxable rollover and transfers. I assume responsibility for any consequence that may result from the requested transfer. I agree the Company is not responsible for any consequences that may arise from such transaction.

I understand that special rules apply to SIMPLE IRA to Non-SIMPLE IRA plan transfers.

I have read and understand the Special Federal Income Tax Notice Regarding Plan Distributions (known as the 402(f) Notice) for transfers involving funds from a policy/account issued in connection with IRC Sections 401(a), including 401(k), 403(a), 403(b) and eligible governmental 457(b) plans.

Changes in tax regulations/laws may result in different tax consequences and restrictions concerning distributions from qualified plans, qualified annuities, and non-qualified annuities than in previous years. The Company does not provide tax or legal advice concerning these distributions.

I understand and agree all distributions and transfers are subject to any applicable policy penalties. I have reviewed my financial objectives and insurance needs, including any existing annuity coverage, and find the annuity being applied for appropriate for my needs.

I understand and acknowledge:

- The named Individual/Entity/Trust will be the owner of the policy.
- To the extent there is a gain over the cost basis, redemption from the account in Sections 1 – 4 which is not transferred pursuant to the provisions of IRC Sections 401(a)(31), 1035, Revenue Ruling 78-406, etc., will be a taxable event.
- The Registered Representative/Insurance Producer may receive a commission on this annuity purchase.

I understand the Company may add information to this form which I have included on other forms, including but not limited to the application or state replacement forms, to facilitate this transaction.

Unless the Company has been notified of a community or marital property interest in this policy, the Company will rely on its good faith belief that no such interest exists and will assume no responsibility for inquiry. The Company will also rely upon the certification of the employer regarding the necessity of the owner's spouse's consent.

The undersigned owner(s) hereby agree(s) to cooperate with, indemnify, and hold the Company harmless from any and all liability, loss expense, or damages the Company may suffer as a result of claims, demands, costs, or judgments against it, its parents, subsidiaries, affiliates, officers, directors, employees, agents, successors, and assigns arising from actions requested herein. I have been directed to consult with my tax or legal advisor before proceeding.


Unless the surrendering company's policy or contract is attached, I affirm that the policy or contract has been destroyed or lost and that reasonable effort has been made to locate it.

**REQUIRED SIGNATURES & CERTIFICATIONS (continued)**

**Signature(s) of Owner(s), Authorized Representative(s), and/or Annuitant(s) are required. Attach an extra page if necessary. By signing this document, I authorize the Company or any of its employees or contractors to receive information regarding the transfer, rollover, or exchange of funds mentioned within this document.**

**For your protection California law requires the following to appear on this form:** Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of loss is guilty of a crime and may be subject to fines and confinement in state prison.

**Signature Guarantees (if required)**

 \_\_\_\_\_  
Signature of Policy Owner/Authorized Representative

\_\_\_\_\_

Date

\_\_\_\_\_


Policy Owner Telephone Number

\_\_\_\_\_

Policy Owner Email Address

**Medallion Signature Guarantee for variable annuities  
or Notary Public Stamp for fixed annuities**

Notary Signature: \_\_\_\_\_

 \_\_\_\_\_  
Signature of Joint Owner (if applicable)

\_\_\_\_\_

Date

\_\_\_\_\_


Joint Owner Telephone Number

\_\_\_\_\_

Joint Owner Email Address

**Medallion Signature Guarantee for variable annuities  
or Notary Public Stamp for fixed annuities**

Notary Signature: \_\_\_\_\_

 \_\_\_\_\_  
Signature of Annuitant (if applicable)

\_\_\_\_\_

Date

\_\_\_\_\_


Annuitant Telephone Number

\_\_\_\_\_

Annuitant Email Address

**Medallion Signature Guarantee for variable annuities  
or Notary Public Stamp for fixed annuities**

Notary Signature: \_\_\_\_\_

 \_\_\_\_\_  
Signature of Spouse (if applicable)

\_\_\_\_\_

Date

\_\_\_\_\_

Spouse Social Security Number

\_\_\_\_\_

Spouse Telephone Number

\_\_\_\_\_

Spouse Email Address

**Medallion Signature Guarantee for variable annuities  
or Notary Public Stamp for fixed annuities**

Notary Signature: \_\_\_\_\_