



**Transfer/Exchange/Rollover**

Please complete Section VIII for all plan administered accounts (i.e.: 403(b), 457, Pension, etc.)

**Section I**

Transferring Financial Institution Information  
*(Complete a separate form for each company.)*

Name of Financial Institution \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Section II**

Owner/Annuitant of Policy

Owner's Name \_\_\_\_\_ Owner's TIN/SSN \_\_\_\_\_  
 Annuitant's/Insured's Name *(if different)* \_\_\_\_\_  
 Joint Owner's Name \_\_\_\_\_ Joint Owner's TIN/SSN \_\_\_\_\_

**Section III**

Transferring Company Instructions

*(Please note: Any future dated transactions will be initiated immediately. The Transferring Company is responsible for processing according to the instructions indicated in this section. Annuity to Life transfers are taxable and not considered Replacements.)*

Policy/Acct #1: \_\_\_\_\_ Approximate Transfer Amount: \$ \_\_\_\_\_  
 Full  Partial  Periodic Payment: Frequency: *(i.e. monthly, quarterly, annually)* \_\_\_\_\_ Years: \_\_\_\_\_  
 Policy/Acct #2: \_\_\_\_\_ Approximate Transfer Amount: \$ \_\_\_\_\_  
 Full  Partial  Periodic Payment: Frequency: *(i.e. monthly, quarterly, annually)* \_\_\_\_\_ Years: \_\_\_\_\_  
 Apply proceeds to:  A New Policy or  An Existing Policy: \_\_\_\_\_  
 Proceeds to be transferred from:  Bank Account/CD/Mutual Fund/Brokerage Account  Annuity  Life Policy  
 Other \_\_\_\_\_  
 Loan to be carried forward \$ \_\_\_\_\_ Loan type:  Standard  Variable  Fixed  Declared  
*(Note: Carryover of loans only available with 403(b), 457 & Life. NLG will not accept defaulted loan balances.)*

Please select the plan type for both the Existing and New policies below

<p><b>From Existing Life Type:</b>  <input type="radio"/> Qualified <input type="radio"/> Non-Qualified</p> <p style="text-align: center;"><b>OR</b></p> <p><b>From Existing Annuity Type:</b>  <input type="radio"/> 403(b)  <input type="radio"/> Traditional IRA  <input type="radio"/> Roth IRA  <input type="radio"/> 401(k)/Pension/Profit Sharing  <input type="radio"/> SEP IRA  <input type="radio"/> SIMPLE IRA  <input type="radio"/> Roth 403(b)  <input type="radio"/> 457  <input type="radio"/> Non-Qualified  <input type="radio"/> Other _____</p>	<p><b>To New Life Type:</b>  <input type="radio"/> Qualified <input type="radio"/> Non-Qualified</p> <p style="text-align: center;"><b>OR</b></p> <p><b>To New Annuity Type:</b>  <input type="radio"/> 403(b)  <input type="radio"/> Traditional IRA  <input type="radio"/> Roth IRA  <input type="radio"/> 401(k)/Pension/Profit Sharing  <input type="radio"/> SEP IRA  <input type="radio"/> SIMPLE IRA  <input type="radio"/> Roth 403(b)  <input type="radio"/> 457 <i>(Note: 403(b) to 457 is not available)</i>  <input type="radio"/> Non-Qualified  <input type="radio"/> Other _____</p>
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Under IRC Section 1035 an exchange of an annuity contract for a life insurance policy does not qualify as a 1035 Exchange.

**Section IV**

Important Notices

- For policies that accept premium only on the issue date, the company will hold issuance for 30 days from receipt of the first premium pending additional premium and will not credit interest during this period. Once 30 days expires, the policy will be issued. An additional policy will be issued if premiums are received after the 30-day period.
- For 403(b) LSW will not maintain a separate account for the rollover amount. All values in the annuity will become part of the new plan. If the plan requires segregation of the rollover contribution, a new LSW annuity will be required.

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**Section V** General Agreement

a) Under penalties of perjury, I certify that (1) the number shown on this application is my correct taxpayer identification number; (2) the IRS has never notified me that I am subject to backup withholding, or has notified me that I am no longer subject to such withholding or I am exempt from such withholding; and (3) I am a U.S. person (including a U.S. resident alien). You must cross out item 2 if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return. b) I represent and warrant that the said current 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 (if necessary to keep the policy in force) until the surrendering company mails the policy proceeds to Issuing Company. I further agree that the Issuing Company is not responsible for any tax effect of this transfer or any delay by the surrendering company in processing this request. I am responsible for surrender charges and/or fees that result from this transfer. c) Upon surrender, transfer, or rollover on the current policy/account, the cash value when received by the Issuing Company at its Administrative/Home Office, will be applied to the new policy. To the extent that the Issuing Company agrees to a loan being carried forward from the current policy, the amount of the loan will be applied to the new policy. All proceeds from the surrender are intended to be applied to the new policy, subject to its terms. If for any reason the new policy is not placed, the policy/account owner will receive an amount equal to the cash value received from the surrendering company. d) All exchanges, transfers and rollovers are subject to the applicable IRS rules. Any rollover proceeds must comply with the rollover rules of IRC Section 402, et al. Any Required Minimum Distribution has been or will be taken prior to the transfer of these proceeds as required by IRC Section 401(a)(9). Information relative to this transaction may be furnished to the Issuing Company.

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**Section VI** Full 1035 Exchange Assignment and Exchange Agreement

a) I, the Owner, assign and transfer to the Issuing Company, all right, title and beneficial interest in the current policy for the sole purpose of effecting an exchange under Section 1035 of the Internal Revenue Code. *If the new policy applied for is, due to any reason, not issued, the current policy will be reassigned to the policy owner named above.* b) For internal exchanges, the Applicant agrees that if the original policy is a variable policy, its Cash Surrender Value shall be determined as of the last market day prior to issue of the new policy and agrees that all proceeds from the exchange are intended to be applied to the new policy. c) I recognize that the discharge of any loan on the current policy may constitute cash received under IRC Section 1031(b), and that cash received as a result of the exchange may be reported as income to me to the extent there is a gain in the current policy. d) If the Issuing Company is unable, within 6 months, to effect a surrender of the current policy issued by the current Company, then this Agreement and any assignment of the current policy to the Issuing Company shall become null and void. The Issuing Company will reassign the current policy to the owner.

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**Section VII** Signature(s)

I request liquidation and transfer of the proceeds to:  Life Insurance Company of the Southwest or  National Life Insurance Company.

**Policy Statement - Please Select One (Required):**

My Policy/Contract has been lost or destroyed or  My Policy/Contract is enclosed

_____ Applicant/Owner	_____ Date
_____ Joint Owner	_____ Date
_____ Spouse (Required in community property states: AZ, CA, ID, LA, NM, NV, TX, WA, WI)	_____ Date

Signature Guarantee (if required by Transferring Company)

\_\_\_\_\_  
Other Signatures Required (i.e. Trustee, Collateral Assignee, Irrevocable Beneficiary, etc.)

\_\_\_\_\_  
Capacity (i.e. Trustee, etc.)

\_\_\_\_\_  
Date

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**Section VIII** Required for Qualified Plans: i.e., 403(b), 457, Pension, etc.

Note: If either one of these questions below is "yes", the plan administrator's signature is required. If the questions are not completed, the answer will default to "no".

Is the employer listed with the transfer company different than the employer listed with NLG?  Yes  No

If yes, please provide the employer's name: \_\_\_\_\_

Is the plan type, (i.e.:403(b), 457, Pension, etc.) at the transfer company different than the plan type at NLG?  Yes  No

Please review signature requirements with the Plan Administrator and transfer company to determine if the Plan Administrator's signature is required. Please obtain signature if necessary.

\_\_\_\_\_  
Plan Administrator's Signature

\_\_\_\_\_  
Date