



REQUEST FOR 1035 EXCHANGE OR QUALIFIED ACCOUNT TRANSFER/DIRECT ROLLOVER

1. CURRENT PLAN INFORMATION Qualified Retirement Plan Transfer 1035 Exchange

Current Financial Institution _____ Telephone Number _____

Address of Company _____ City, State, Zip _____

Name of Insured on Existing Policy (Please Print) _____

Name of Policy Owner on Existing Policy _____ Policy Owner SS# _____ Policy Number _____

Name of Annuitant (if different from Policy Owner) _____

Transfer/Rollover FROM plan type: 401(k)* Pension Plan* 403(b)* Other (specify) _____

SEP-IRA ROTH-IRA SIMPLE IRA Traditional IRA 457

401(k) and pension plans - please contact employer for distribution forms.

Transfer/Rollover TO plan type: 401(k)* Pension Plan* 403(b)* Other (specify) _____

SEP-IRA ROTH-IRA SIMPLE IRA Traditional IRA 457

*I acknowledge that the request from the named Owner is in compliance with the terms of the Employer's Section 401(a), 401(k) or 403(b) Plan.

Employer Name _____ Signature and Title of Authorized Employer Representative _____

2. QUALIFIED TRANSFER/DIRECT ROLLOVER INSTRUCTIONS

Distribute the proceeds: Immediately When indicated (within 30 days) ____ / ____ / ____

The amount requested and directed represents a: Full Transfer Partial Transfer of \$ _____

Apply the proceeds to contract number: _____

NOTE: Age 70 1/2 restrictions apply to a transfer from a qualified retirement plan account. If you are age 70 1/2 or older this year, you may not transfer or rollover required minimum distribution amounts. If necessary, instruct your present trustee or custodian, prior to effecting this request to either: (1) pay your required minimum distribution to you now; or (2) retain the amount for distribution to you later.

Policy Statement (if applicable): I have enclosed the contract/certificate.

I certify that the existing contract/certificate has been lost or destroyed.

3. SIGNATURES/ABSOLUTE ASSIGNMENT

With respect to qualified transfer/rollovers, I have received, read and understand the Special Federal Income Tax Notice Regarding Plan Distribution (known as the 402(f) Notice).

I, the undersigned Owner/Trustee of the above-named policy/contract, request that you directly transfer the amount specified above to Western Reserve Life Assurance Co. of Ohio ("WRL"). If this is a 1035 Exchange, I hereby make a complete and absolute assignment and transfer to WRL all rights, title and interest in the above listed policy/contract in an exchange intended to qualify under Section 1035 of the Internal Revenue Code. Please do not withhold any amount for taxes.

It is my intention that this surrender and payment shall not constitute either actual or constructive receipt of income for federal income tax purposes, and, instead, would qualify as a transfer/rollover of qualified funds or 1035 Exchange Absolute Assignment. I request that my name not appear as a joint payee on the check nor shall any endorsement thereon be necessary for transfer or deposit. I request that the funds be made payable to Western Reserve Life Assurance Co. of Ohio for my benefit.

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

Policy Owner/Trustee Signature & Title _____ Date _____ Co-Owner/Trustee Signature & Title (if applicable) _____ Date _____

Irrevocable Beneficiary Signature (if applicable) _____ Date _____ Spouse (if community property state) _____ Date _____

4. ACCEPTANCE OF TRANSFER/ROLLOVER (to be completed by accepting company)

Please liquidate the above referenced policy/contract. WRL accepts this assignment/transfer and requests a full surrender of the above referenced policy/contract. Do not withhold taxes from the proceeds.

Please make check payable to:

Western Reserve Life Assurance Co. of Ohio, FBO

New contract number

Accepting Company Officer Signature

Title

Date

INSTRUCTIONS - REQUEST FOR 1035 EXCHANGE OR QUALIFIED ACCOUNT TRANSFER/DIRECT ROLLOVER

SECTION 1 CURRENT POLICY/ANNUITY/PLAN INFORMATION

Please print or type.

Indicate if the transfer is Qualified Retirement Plan Transfer or a 1035 Exchange.

Provide the street mailing address where the transfer paperwork is to be mailed.

Provide a valid phone number for the transferring company.

List the type of plan the funds are coming from and transferring into.

SECTION 2 QUALIFIED TRANSFER/DIRECT ROLLOVER INSTRUCTIONS

List if the transfer will be full or partial. If partial, provide approximate dollar amount to be transferred.

Check if the original contract/certificate is lost or enclose with the transfer form.

SECTION 3 SIGNATURES/ABSOLUTE ASSIGNMENT

Policy Owner(s) signatures. List if a Trust is Owner (if applicable) and date form.

Provide spousal signature if community property state.

Some companies may have different signature guarantee and/or special form requirements.

Please check with the distributing company to verify any additional requirements.

SECTION 4 ACCEPTANCE OF TRANSFER/ROLLOVER

To be completed by accepting company. DO NOT write in this section.

OVERVIEW:

- Be sure all areas on the transfer form are completed.
- Owner signature(s) is/are required on this form. If policy is owned by a Trust, provide the name and tax ID number on a Trust Certification Form. The name of a Trustee must also be listed next to the signature.
- Do not use this form for taxable transfers from Certificates of Deposit or Mutual Funds.
- The following items must be mailed to the accepting insurance company:
 1. This form, "Request For 1035 Exchange or Qualified Account Transfer/Direct Rollover"
 2. Old policy/contract if applicable (if lost, see Section 2)
 3. State replacement form (if required by state of residence)
- Forward original documents to Western Reserve Life Assurance Co. of Ohio for processing.

Attach a copy of the form to the check and mail to: Western Reserve Life Assurance Co. of Ohio
Annuity Department
4333 Edgewood Road NE
Cedar Rapids, IA 52499
1-727-299-1800, x 6538