

Monumental Life Insurance Company  
Transamerica Financial Life Insurance Company  
Transamerica Life Insurance Company  
Western Reserve Life Assurance Co. of Ohio  
(Hereafter referred to as the Company, we, our or us)

## QUALIFIED FUNDS DIRECT ROLLOVER OR TRANSFER REQUEST FORM

Service Office and Mailing Address:  
4333 Edgewood Rd. NE, Cedar Rapids IA 52499

All sections must be completed in their entirety to meet surrendering company requirements.

### 1. SURRENDERING ACCOUNT INFORMATION

Insurance Company/Financial Institution Name

Insurance Company/Financial Institution Telephone Number

Insurance Company/Financial Institution Address

City, State, Zip

Policy/Account Number to be Exchanged

Policy/Account Owner Name

Social Security Number/Tax Identification Number

### 2. ROLLOVER/TRANSFER INSTRUCTIONS

#### Direct Rollover or Transfer from:

- Traditional IRA
- ROTH IRA: Original contribution date - \_\_\_\_\_
- 403(b) Tax Sheltered Annuity\*
- SEP IRA/SAR
- Other \_\_\_\_\_

#### Direct Rollover or Transfer to:

- Traditional IRA
- ROTH IRA
- SEP IRA
- Other \_\_\_\_\_

#### Liquidate and Transfer: Full amount

- Partial withdrawal of \$ \_\_\_\_\_
- Partial withdrawal of \_\_\_\_\_ % of the account value

#### Liquidate and Transfer: Immediately

- After Date of \_\_\_\_\_
- Before Date of \_\_\_\_\_

\* 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.

Employer Name

Signature and Title of Authorized Employer Representative

### 3. REQUIRED MINIMUM DISTRIBUTION INFORMATION

#### For Participants 70 1/2 or Older

For Participants 70 1/2 or older, we (the Company) will make the assumption that required minimum distributions for this and previous tax years have been taken before the account is transferred.

### 4. INSURANCE COMPANY POLICY INFORMATION

Please send surrender value to the Company, named in Section 6, at the address indicated below:

4333 Edgewood Rd NE  
Cedar Rapids, IA 52499

Please indicate the check is for the benefit of:

Policy/Account Owner

New Policy Number (if known) to Reference on Check

**5. REQUIRED SIGNATURE SECTION**

The Policy/Account being transferred is:

Enclosed  Lost or Destroyed *(I certify that the policy/contract is lost or destroyed. In addition, I certify that the policy/contract/account has not been assigned or pledged as collateral.)*

I agree that I am responsible for determining whether a transfer made using this form meets federal tax laws and IRS requirements relating to nontaxable 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 than in previous years. The Company does not provide tax or legal advice concerning these distributions. We recommend that you consult with your attorney or tax advisor if you have questions or concerns regarding this issue.

By signing this form the policyowner, on the policyowner's behalf and that of their successors and assigns, agrees to indemnify and hold the Company harmless from the consequences of accepting 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.

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 that the 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.

\_\_\_\_\_  
Signature of Policy Owner

\_\_\_\_\_  
Date

**Signature Guarantee (if required)**

Notary Stamp or Medallion Signature Guarantee

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

**6. TO BE COMPLETED BY NEW COMPANY**

As the designated insurance company/financial institution, we will accept this money as a tax free transfer or direct rollover under Section 401(a), or 403(a), or 403(b), or 408 or 408A of the Internal Revenue Code.

\_\_\_\_\_  
New Insurance Company/Financial Institution

\_\_\_\_\_  
Date

\_\_\_\_\_  
Officer of New Insurance Company/Financial Institution

\_\_\_\_\_  
Title

**Signature Guarantee (if required)**

Notary Stamp or Medallion Signature Guarantee

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