

AUTHORIZATION TO TRANSFER FUNDS

Important note: The transfer value should be that which is to be applied to an Americo product. Americo cannot act as an intermediary to forward funds to other carriers.



Americo Financial Life and Annuity Insurance Company

Administrative Office: P.O. Box 410288, Kansas City, MO 64141-0288 • Home Office: Dallas, Texas

Transfer Funds to: Americo Financial Life and Annuity Insurance Company P.O. Box 410288 Kansas City, MO 64141-0288 1-800-634-1181 ext. 1860 Overnight Mail: 300 West 11th Street Kansas City, MO 64105	1. Address of company from which funds are coming: Company _____ Address _____ Address #2 _____ City _____ State _____ ZIP _____ Phone Number () _____
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Insured/Annuitant:	SSN#:		
Owner:	SSN#:		
Address:	City:	State:	ZIP:
Contract Number(s)/Account Number(s):	Account/Plan Type:		

The undersigned hereby requests and directs the following action be taken in order to transfer the account/policy funds identified above:

2. Certificate of Deposit—Must Specify:
 Liquidate Certificate of Deposit on the Maturity Date of ____/____/____
 Liquidate Certificate of Deposit upon receipt of this request. I am aware of any penalty that may be imposed from an early withdrawal.
If partial transfer please indicate amount to be transferred \$ _____.

3. Liquidate (See Section 10 for Signature Guarantee)—Must Specify:
 Mutual Fund Account or Qualified Plans held as mutual funds (For IRA contracts, see Section #5; For 403(b) contracts, see Section #6) (indicate account(s) to be liquidated):
1) Account # _____ 2) Account # _____ 3) Account # _____
 Money Market Account (choose one): Qualified IRA Non-Qualified
 Entire Account Liquidation: Account # _____
 Partial Account Liquidation: Amount \$ _____ (indicate account(s) to be liquidated):
1) Account # _____ 2) Account # _____ 3) Account # _____

4. Assignment
 Absolute Assignment: The owner of the above contract(s) hereby assigns (choose one): all partial ownership and beneficial rights under the contract(s) absolutely to the following assignee (choose one):
 Americo Financial Life and Annuity Insurance Company Other _____
All previous designations of beneficiary and payee and all previous elections of payment options under the contract(s), as to the partial total amounts shown above, are irrevocably transferred. The sole beneficiary and payee of all amounts payable on the contract(s) shall be the above named assignee. The assignment is subject to any prior collateral assignments affecting the contract(s). **Complete Section #8 (required).**

5. Non 403(b) Contracts Full Partial \$ _____ (NET)
My existing plan: IRA Roth IRA SEP IRA KEOGH Non Qualified Annuity Other _____
 1035 tax-deferred exchange. Surrender a non-qualified annuity contract(s) for the purchase of another non-qualified annuity contract under Sec. 1035 of the Internal Revenue Code. **Complete Sections #4 and #8 (required).**
 Transfer (IRA). Surrender of qualified annuity contract(s) established under Sec. 402 or 408 of the Internal Revenue Code for reinvestment in a qualified annuity contract established under the same section of the Internal Revenue Code.
 Surrender. The undersigned as owner of this contract elects to exchange the said contract for its net cash value and direct the transferring company to make payment(s) to the named Assignee.
 1035 Exchange (life contracts)—Complete Sections #4 and #8 (required).
 Transfer life qualified to life qualified

6. For 403(b) Contracts Only: Qualified Plans
I am: 1. Less than age 59 and one half and have (check one):
 Separated from service with the Employer sponsoring the 403(b) Annuity or Custodial Account described above
 Employer distribution form attached
 Retired
 Become disabled (as defined in IRC 72(m)(7))/Hardship
2. Over age 59 and one half
3. Exercising my right to take a (check all that apply):
 403(b) Transfer. This transaction is intended to qualify as a tax-free transfer under Revenue Ruling 90-24.
 Full Partial \$ _____ (NET)
 403(b) direct rollover (Annuitization). This amount represents all or part of my eligible rollover distribution as provided by P.L. 102-318. I understand there will be no mandatory 20% withholding from this distribution because it is a direct rollover to an eligible retirement plan as defined under applicable tax law.
Payment Frequency: Monthly Quarterly Semiannually Annually
Total number of payments expected _____ Amount per payment to be transferred _____ Balance accumulated as of 12-31-88 _____

7. Lost Policy Statement

Contract is attached

Certificate of lost contract: I/We certify that the above numbered contract(s) has been lost or destroyed, and to the best of my/our knowledge and belief, is not in anyone's possession.

Owner's Signature _____

Date _____

8. Cost Basis

Cost Basis Requested: In accordance with the Tax Equity and Fiscal Responsibility Act of 1982, please furnish a statement to the assignee and to the former contract holder of the cost basis in the contract.

9. Tax Withholding Election for Payees of Surrenders

Even if you elect not to have federal income tax withheld, you are liable for payment of federal income tax on the taxable portion of your surrender. You also may be subject to tax penalties under estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate.

I do want to have federal income tax withheld from my surrender. Please withhold \$ _____

I do not want to have federal income tax withheld from my surrender.

10. I am aware of any surrender/withdrawal penalties that may apply, and I authorize the transaction in doing so described above

The undersigned represents and agrees that the Company participating in this transaction at the undersigned's specific request and as an accommodation to the undersigned. It is further agreed that the Company has made no representations and that it has no responsibility nor liability concerning the undersigned's tax treatment under the Internal Revenue Code.

Please make check payable to: Americo Financial Life and Annuity Insurance Company

For the Benefit of: _____

Dated at _____ this _____ day of _____, 20 _____

Signature of Insured/Annuitant _____ Signature of Joint Annuitant (if applicable) _____

Signature of Owner _____ Signature of Joint Owner (if applicable) _____

Signature of Spouse _____

If you reside in a community property state (AZ, CA, ID, LA, NV, NM, PR, TX, WA, WI), the spouse must also sign.

Signature Guarantee (if required)

Signature of Witness _____

11. Acceptance: This is to certify that the above individual has established a:

- Roth IRA SEP IRA Traditional IRA 403(b) Annuity Tax-Qualified Annuity Non Qualified Annuity
- Life Policy Other _____

The authorized signature below certifies acceptance of the assignment and surrender or transfer of funds as instructed in this request. After deducting any sums as are permitted under the plan, please complete this transaction and send check with a copy of this form to:

**Please make check payable to issuer/assignee:
Americo Financial Life and Annuity Insurance Company**

FBO _____

Please Send Checks and Correspondence To: Americo Financial Life and Annuity Insurance Company
PO Box 410288
Kansas City, MO 64141-0288
1-800-634-1181 ext. 1860

Cost Basis Requested: In accordance with the Tax Equity and Fiscal Responsibility Act of 1982, please furnish a statement to the assignee and to the former contract holder of the cost basis in the contract.

FOR HOME OFFICE USE ONLY

Authorized Company Signature _____ Title _____ Date _____