

Transfer/Replacement/Exchange Instructions

You have selected that you are funding the new contract with a Transfer/Replacement/Exchange. The surrendering carrier does not support electronic signature on the Transfer/Replacement/Exchange forms therefore the below instructions will help guide you through the process of getting those forms completed, signed, and sent to the new insurance company, Blue Sky Insurance Company.

1. Complete the Transfer/Replacement/Exchange form(s) using the eApp and get them 100% complete.
2. Print the Transfer/Replacement/Exchange form(s)
3. The client must review these for accuracy and sign them.

To get these signed forms to the carrier...

4. Upload the completed and signed forms here.

If you prefer to mail the Transfer/Replacement/Exchange form(s) forms directly, mail the completed and wet signed forms to the below address:

Attn: Blue Sky Insurance Company
Exchange Processing Department
101 Test Drive
Valley Forge, AL 35243

VARIABLE ANNUITY APPLICATION

PARTICIPANTS

BENEFICIARIES

OWNERSHIP

INVESTMENT ALLOCATIONS

OWNER

NAME (first Middle Initial, last)

UserFirstName

UserLastName

SSN/TIN

ADDRESS (number and street, city, state, zip)

PHONE NO. (include area code)

MARITAL STATUS

MAILING ADDRESS (if different)

GENDER

☐

M

☐

F

FLA10

DATE OF BIRTH

21-09-2023

TRUST ☐ Yes ☐ No

JOINT OWNER (Only complete if there is more than one Owner.)

NAME (first Middle Initial, last)

JointOwnerFN

SSN/TIN

ADDRESS (number and street, city, state, zip)

PHONE NO. (include area code)

MARITAL STATUS

DATE OF BIRTH

21-09-2023

TRUST ☐ Yes ☐ No

GENDER

☐

M

☐

F

RELATIONSHIP TO OWNER

IS ANNUITANT SAME AS OWNER(S)? ☐ Yes ☐ No

ANNUITANT

NAME (first Middle Initial, last)

SSN/TIN

ADDRESS (number and street, city, state, zip)

PHONE NO. (include area code)

MARITAL STATUS

DATE OF BIRTH

TRUST ☐ Yes ☐ No

GENDER

☐

M

☐

F

RELATIONSHIP TO OWNER

Contract Number: 1234567890

VARIABLE ANNUITY APPLICATION

PARTICIPANTS

BENEFICIARIES

OWNERSHIP

INVESTMENT ALLOCATIONS

BENEFICIARY INFORMATION

HOW MANY BENEFICIARIES WILL BE ASSOCIATED WITH THIS APPLICATION?

1. ☐ PRIMARY☐ IF TRUST, NAME OF TRUST☐ CHECK HERE IF THIS BENEFICIARY IS IRREVOCABLE.

BENEFICIARY NAME (first Middle Initial, last)

UFirstName

ULastName

ADDRESS (number and street, city, state, zip)

DATE OF BIRTH/TRUST DATE

BENEFIT PERCENTAGE

100 %

SSN/TIN

PHONE NO. (include area code)

RELATIONSHIP

9

2. ☐ PRIMARY (OR) ☐ CONTINGENT☐ IF TRUST, NAME OF TRUST☐ CHECK HERE IF THIS BENEFICIARY IS IRREVOCABLE.

BENEFICIARY NAME (first Middle Initial, last)

ADDRESS (number and street, city, state, zip)

DATE OF BIRTH/TRUST DATE

BENEFIT PERCENTAGE

%

SSN/TIN

PHONE NO. (include area code)

RELATIONSHIP

3. ☐ PRIMARY (OR) ☐ CONTINGENT☐ IF TRUST, NAME OF TRUST☐ CHECK HERE IF THIS BENEFICIARY IS IRREVOCABLE.

BENEFICIARY NAME (first Middle Initial, last)

ADDRESS (number and street, city, state, zip)

DATE OF BIRTH/TRUST DATE

BENEFIT PERCENTAGE

%

SSN/TIN

PHONE NO. (include area code)

RELATIONSHIP

Contract Number: 1234567890

VARIABLE ANNUITY APPLICATION

PARTICIPANTS

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PLAN TYPE

☐ QUALIFIED☐ IRA☐ ROTH IRA*☐ SEP IRA*☐ SIMPLE IRA*☐ 403(b)☐ 457(b)INITIAL PURCHASE PAYMENT \$ *FIRST TAX YEAR CONTRIBUTION MADE: Year ☐ NON-QUALIFIED☐ Individual Owner☐ TrustTRUST NAME: INITIAL PURCHASE PAYMENT \$

REPLACEMENT INFORMATION

1. Do you currently have any existing or pending life insurance or annuities? ☒ Yes ☐ No
2. Will the proposed annuity discontinue, reduce, change or replace any existing life insurance policy or annuity contract? If yes, complete chart below. ☐ Yes ☐ No

COMPANY NAME

CONTRACT #

WILL THIS TRANSFER TO INSURANCE TECHNOLOGIES?

Voya Retirement Insurance and Annuity Com

☐ Yes ☐ No☐ Yes ☐ No☐ Yes ☐ No

403(b), 457(b), SEP AND SIMPLE PLANS ONLY

EMPLOYER NAME

TELEPHONE

ADDRESS

CITY

STATE

ZIP

BILLING INFORMATION

BILLING MODE:

MONTH OF FIRST PAYMENT:

☐ LIST BILL – (select one of the following): ☐ 1/26 ☐ 1/24 ☐ 1/20 ☐ 1/12 ☐ 1/10 ☐ 1/9 OTHER: LIST BILL GROUP # NEW SCHOOL GROUP? ☐ Yes ☐ No☐ DIRECT – (Select one of the following): ☐ ANNUALLY ☐ SEMI-ANNUALLY ☐ QUARTERLY ☐ MONTHLY☐ EFT 1/2Contract Number:

VARIABLE ANNUITY APPLICATION

PARTICIPANTS

BENEFICIARIES

OWNERSHIP

INVESTMENT ALLOCATIONS

INVESTMENT INSTRUCTIONS

PREMIUM

INVESTMENT OPTIONS

PREMIUM

INVESTMENT OPTIONS

<input type="text"/> %	Am Cent Mid Cap Value	<input type="text"/> %	DWS Small Cap Index VIP – Class A Shares
<input type="text"/> %	Calvert S&P Mid Cap 400 Index	<input type="text"/> %	Fidelity VIP Index 500 Portfolio – Initial Class
<input type="text"/> %	Wilshire Large Co Growth	<input type="text"/> %	Fidelity VIP Money Market Portfolio – Initial Class
<input type="text"/> %	Delaware US Growth	<input type="text"/> %	Ibbotson Aggressive Growth ETF Asset Allocation
<input type="text"/> %	Fidelity VIP Growth SC2	<input type="text"/> %	Ibbotson Balanced ETF Asset Allocation Portfolio
<input type="text"/> %	Goldman Sachs Concentrated Growth	<input type="text"/> %	Ibbotson Conservative ETF Asset Allocation Portfolio
<input type="text"/> %	Goldman Sachs VIT Mid Cap Value	<input type="text"/> %	Ibbotson Growth ETF Asset Allocation Portfolio
<input type="text"/> %	Jennison Large Cap Growth	<input type="text"/> %	Vanguard VIF – Balanced Portfolio
<input type="text"/> %	Loomis Sayles Large Cap Growth	<input type="text"/> %	Vanguard VIF – High Yield Bond Portfolio
<input type="text"/> %	MFS Growth	<input type="text"/> %	Vanguard VIF – International Portfolio
<input type="text"/> %	Neuberger Berman Mid Cap Growth	<input type="text"/> %	Vanguard VIF – Mid-Cap Index Portfolio
<input type="text"/> %	Rainer Small/Mid Cap Equity	<input type="text"/> %	Vanguard VIF – REIT Index Portfolio
<input type="text"/> %	T.Rowe Price Equity Inc Port VIPII	<input type="text"/> %	Vanguard VIF – Total Bond Market Index Portfolio
<input type="text"/> %	T.Rowe Price Large Cap Growth	<input type="text"/> %	Vanguard VIF – Total Stock Market Index Portfolio
<input type="text"/> %	Wells Fargo Advantage Discovery	<input type="text"/> %	Total (must equal 100%)

E-DOCUMENTS

By providing my e-mail address below, and my signing of this application, I consent to receive and accept documents electronically during the duration of my variable annuity contract. These documents include, but not limited to: account statements, confirmations, privacy notices, tax documents, prospectuses and prospectus supplements, annual and semi-annual reports, proxy statements and correspondence. This consent will continue unless and until I revoke my consent by notifying Insurance Technologies at which point I will begin to receive documents by mail.

EMAIL: _____

SIGNATURES

AgentFirstName

AgentLastName

I agree that the information provided above in full, complete and true to the best of my knowledge. I understand that contract values that are based on the separate account assets are not guaranteed and will decrease or increase with investment experience.

SIGNATURE OF OWNER/CUSTODIAN/TRUSTEE

SIGNATURE OF AGENT/PRODUCER (1)

CITY AND STATE SIGNATURE

DATE

12345

STATE LICENSE #

100

PERCENTAGE

Fee and Expense Information for Variable Annuities

Annuity contracts carry several different types of fees and charges. It is important to understand all of the expenses and limitations before you invest, as they will reduce the overall value and reduce the return on your annuity investment. While each annuity contract may have different combinations of features and benefits, which may therefore have differing overall charges, annuity contract fees, costs and expenses generally include the following:

- **Surrender charges** - If you withdraw money from an annuity contract or liquidate the entire annuity contract ("surrender") within a certain period of time after investing, with limitations as set by the issuing insurance company generally ranging from three to ten years, the insurance company may assess a surrender charge. The surrender charge is a type of redemption fee and is generally a percentage of the investment amount that is being withdrawn.
- **Mortality and expense charge** - The mortality and expense charge is to compensate the insurance company for the insurance risks that it assumes under the insurance contract and can be used by the insurance company to offset the costs of selling the variable annuity, such as a commission paid to your Financial Advisor for selling the variable annuity to you. The annual mortality and expense charge is equal to a percentage of your account value, typically ranging from 0.90 percent to 1.80 percent per year.
- **Sub-account expenses** - Fees and expenses are also charged on the underlying investment options, called sub-accounts, in a variable annuity. The fees and expenses of the sub-accounts include annual operating expenses, such as management fees, 12b-1 (distribution) fees, cost of shareholder mailings, and other expenses. Sub-account expenses are charged as a percentage of the account value annually and can range from no charge (typically for money market sub-accounts) to as much as 2 percent per sub-account selected.
- **Administrative fees** - The insurance company may deduct charges from your annuity contract to cover record-keeping and other administrative expenses. This may be charged as a flat account maintenance fee (perhaps \$25 or \$30 per year) and/or as a percentage of your account value (typically about 0.15 percent per year). Some insurance companies waive the flat account maintenance fee on larger account values.
- **Other fees and charges for additional features** - Some annuity contracts offer features and benefits that may carry additional fees and/or charges, such as a stepped-up death benefit, a bonus credit feature, a guaranteed minimum income benefit, a guaranteed minimum withdrawal benefit, a guaranteed minimum accumulation benefit, or an earnings enhancement benefit (the term "guaranteed" refers to the payments being backed by the ability of the issuing insurance company to pay for those benefits out of that insurance company's assets. In addition, some annuity contracts charge an account maintenance fee, sub-account investment transfer fees, an annual contract fee and/or an account maintenance fee.

The data below will be used to calculate your fees, expenses, and commissions.

Plan Information

Carrier: FL Access Carrier - Automation
Product Name: Lifetime Income
Premium:
State:
Joint Contract:
Qualified Plan Type:

Client Information

Date of Birth: 30/03/1990
Age:

Demo Financial

Institution

Below are the fees that apply for this contract:

Administrative Expense Information

Below are general plan administrative services that may be charged to or deducted from all individual accounts. Examples include fees and expenses for legal, accounting, and recordkeeping services.

Policy Level Fee	Fee	Fee Frequency
Policy Fee	50	
Administrative Fee	50	
Mortality and Expense Fee	1.1	
Recordkeeping Fee		

Surrender Schedule (Annual, Based on Account Value)

10	10	10	8.75	7.5	6.25	5	3.75	2.5	1.25	0
Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Year +10

Or Surrender Fee

Fee Type	Fee	Fee Frequency
Surrender Charge Fee	10,10,10,8.75,7.5,6.25,5,	

Below are the Product Fees that apply for this contract:

Fee Type	Fee	Fee Frequency
Guaranteed Minimum Income Benefit (GMIB)		
Death Benefit		
Guaranteed Minimum Accumulation Benefit By Years		
Bonus		
Health Insurance Rider		
Administrative Rider		
Guaranteed Min Withdrawal for Life Benefit (GWLb)		
Interest Rate Options		
Guaranteed Minimum Withdrawal Benefit (GMWB)		
Other Fees		
Other Fees		

Fund Fees:

Fund Selected in Application	Fee	Fee Type	Fee Mode

Commission Information:

The financial advisor receives compensation when clients invest in insurance products. The Commission is paid by the insurance company out of its assets. Depending upon the type of insurance product and the distribution agreement with the insurance company, the compensation can vary and be in the form of one or a combination of upfront commissions, concessions on an ongoing basis (based on the value of the assets commonly known as trail commissions), when additional investments are made to an insurance contract, at contract renewal, for expense reimbursements, or at the time of annuitization of a contract.

The ongoing fees or trails the firm and your Financial Advisor may receive from an insurance company are based upon the amount of your investment held with the insurance company and are paid in consideration of the ongoing servicing and operational support provided.

Our compensation formula does not favor one insurance company's products over another, and all commission revenue is paid out to the Financial Advisor on the same basis, similar to any commission revenue received by the firm. Our representatives may also directly or indirectly receive additional cash and non-cash compensation. Such support is used for general business and marketing purposes, such as seminars, training conferences, and other promotional activities.

Below is the Commission Information that apply for this contract:

Commission Type	Commission Amount
IMO Specific Charges (Marketing Allowances, etc.)	Additional fees from x% - x% (hardcoded in PDF by FI)

Commissions Schedule Disclosure	
Commission Schedule Type	
Commission Option Description	
Commission Extension	
Age Basis	
Age Basis Qualifier	
IRS Qualification Code	
Additional Banding	
Trail Eligible	
Commission Rate	
Start Date	
End Date	
Commission Rate	
Commission Rate	
Start Date	
End Date	
Commission Rate	
Commission Rate	
Start Date	
End Date	
Commission Rate	
Commission Rate	
Start Date	
End Date	
Commission Rate	
Trail	
Trail Eligible	
Trail Duration Start	
Trail Duration End	

Demo Financial Institution

Trail Duration Qualifier	
Trail Rate	

Schedule Banding	
Schedule Banding Type	
CDSC Duration	
Guarantee Period	
Guarantee Period Qualifier	
Payout Type	
Payout Option	
Premium Amount Start Range	
Premium Amount End Range	
Service Feature Type	
Service Feature Sub Type	
Premium Duration Start	
Premium Duration End	
Premium Duration Qualifier	
Commission Rate	
Trail Eligible	
Trail	
Trail Basis	
Trail Duration Start	
Trail Duration End	
Trail Duration Qualifier	
Trail Rate	

Owner Signature: _____ Date Signed: _____

**1035 EXCHANGE / ROLLOVER / TRANSFER eFORM**

Name of Receiving Company

Midland National Life Insurance Company

Business Address

5801 SW 6th Ave
Topeka KS 66636-1001

Mailing Address

5801 SW 6th Ave
Lincoln Life
PO Box 2348
Fort Wayne, IN 46801-2348

Overnight Address

5801 SW 6th Ave
Lincoln Life
Attention: New Business Operations
1300 South Clinton Street
Fort Wayne, IN 46802-3500

This form can be used to accomplish a **FULL** or a **PARTIAL Exchange** of policies pursuant to Internal Revenue Code (IRC) Section 1035. This form can also be used for **Transfers of Funds and Direct Rollovers**. Complete the requested information concerning the existing policy and contract, check the appropriate boxes, and date and sign this form. Refer to the application, and if applicable, prospectus and any state required forms for additional important disclosures and information. Check with both the receiving and surrendering company for form requirements specific to the transaction that is being initiated.

Complete one form for each surrendering company and contract. Please apply funds to:

New / Existing Contract Number: _____ **Receiving Carrier DTCC #:** 4758

(for Money Settlement)

Without this contract number, the funds will be applied to a new contract.

The receiving company may not accept the exchange / rollover / transfer if the funds do not meet its minimum premium requirements.

1. SURRENDERING COMPANY POLICY / ACCOUNT / CONTRACT INFORMATION

19900

Surrendering Company Name (Complete one form for each surrendering company)

Surrendering Company Account / Policy / Contract Number

Voya Retirement Insurance and Annuity Company

Street Address Line 1

Attn: Annuities 699 Walnut St Ste 1350

Address Line 2

City

Des Moines

State

IA

Zip

50309-3942

Phone Number

8003695303

Ext

Surrendering Plan Type (Non-Qualified, IRA, Roth IRA, etc.)

Surrendering Product Type
(Life, Annuity, CD, MF, Other, etc.)

Estimated Amount of Transfer

\$

Owner (First, Middle, Last) / Entity Name

UserFirstName

UserLastName

Social Security Number / Tax ID #

Joint Owner Name (First, Middle, Last) - Please confirm the availability of these options with the Receiving Company

JointOwnerFN

Social Security Number

Insured / Annuitant Name (First, Middle, Last) - if other than owner (applies to Life & Annuity products only)

Social Security Number

Joint Insured / Annuitant Name (First, Middle, Last) - Please confirm the availability of these options with the Receiving Co.

Social Security Number

Contingent Annuitant Name (First, Middle, Last) - Please confirm the availability of these options with the Receiving Co.

Social Security Number

2. TRANSFER / ROLLOVER / 1035 EXCHANGE SURRENDERING INSTRUCTIONS

☐ Full ☐ Partial \$ _____ or _____ %

By executing this form, I authorize the full or partial liquidation of my existing contract or account in accordance with the sections completed above. I hereby instruct the parties to process that liquidation:

☐ As soon as possible after receipt of all necessary forms

☐ On a specific date: _____

I / We also understand it is my / our responsibility to confirm with the surrendering company their processing guidelines to selecting a specific transfer date.

3. TAXPAYER IDENTIFICATION NUMBER CERTIFICATION

Under penalties of perjury, I certify that:

1. The number on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. person (including a U.S. resident alien).

☐ Check this box if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

4. DISCLOSURES / ACKNOWLEDGMENTS

- I. 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 the Contract Information section on page 1 to the receiving company. The sole purpose of this assignment is to effect a tax-free exchange under Section 1035(a) of the Internal Revenue Code. All of the powers, elections, appointments, options and rights I have as owner of the contract, including the right to surrender, are now exercisable by the receiving company. Simultaneous with a full assignment, I also revoke all existing beneficiary designations under the Assigned Policy. Other than the above mentioned owner, no person, firm, or corporation other than myself and the insurer that issued the above numbered policy, has an interest in said policy. No proceedings in insolvency or bankruptcy have been instituted by or against me. I understand that the receiving company intends to surrender the contract for the cash value; or if this is a partial exchange, the portion assigned, subject to its terms and conditions, and to use the proceeds as the purchase payment for the new contract to be issued by the receiving company. I authorize the surrendering company to send the proceeds directly to the receiving company and understand that fees and surrender charges may apply. This exchange is subject to acceptance by the receiving company. The receiving company is not liable for changes in market value that may occur before the proceeds are received by the receiving company in good order and allocated to the new contract. Prior to the date of receipt of the proceeds by the receiving company, no value will accrue or be earned on the receiving company contract.
- II. If this is a partial exchange, I understand that it is subject to Revenue Ruling 2003-76, which dictates how much of the original contract's cost basis must be allocated to the new contract. The cost basis should be allocated ratably between the two contracts based on the percentage of the value retained in the original contract and the percentage of the value transferred to the new contract. For example, if the contract value is \$100,000 and basis is \$50,000, and I assign 30% for a partial exchange, then \$15,000 (30% of \$50,000) of the basis would be applied to the new contract. I understand that the IRS has raised concerns about annuity contract owners using partial exchanges to avoid income tax, and I certify that I am not entering into this transaction for the purpose of reducing or avoiding income tax or the 10% penalty tax for early withdrawals.

I expressly represent that the sole purpose is to effect a partial 1035 exchange of an annuity contract. However, I acknowledge that Revenue Procedure 2011-38 states that withdrawals from annuitization, taxable owner or annuitant changes, or surrenders, other than an amount received as an annuity for a period of 10 years or more or during one or more lives, of either the original contract or the new contract during the 180 day period following the partial exchange, may affect the tax free status of the partial exchange.

Note: Other exceptions may apply and a subsequent direct transfer of all or a portion of either contract involved in the exchange could have tax and tax reporting consequences. Please consult your tax advisor. Please confirm with the carrier if they will support partial 1035 exchanges.

I acknowledge that the receiving company has made no representations concerning any tax treatment of this transaction. I understand that the receiving company has neither responsibility nor liability for the validity of this transaction or for my treatment under Section 1035(a) of the Internal Revenue Code or otherwise. Therefore, I agree to release and hold harmless the receiving company and its agents from any and all liability arising from, relating to, or in connection with, the taxation of a partial exchange of the above listed contract. I authorize the receiving company and the surrendering institution to share information necessary to maintain accurate records of the annuity cost basis and to ensure proper withholding and tax reporting. I have been directed to consult my tax or legal advisor before proceeding.

- III. I authorize the receiving company to rely upon the cost basis information provided by the surrendering company, but agree that the receiving company will assume no responsibility for determining or verifying cost basis. If cost basis is not provided, I acknowledge that more restrictive or less beneficial tax rules may apply to the amounts transferred. I acknowledge that the receiving company provides this form and participates in this transaction as an accommodation to me. The receiving company does not give tax or legal advice on the tax consequences for replacing one contract for another, and assumes no responsibility or liability for the validity of this assignment or for the tax treatment of this exchange under IRC Section 1035(a) or other laws or regulations.
- IV. I agree that if the receiving company, in its sole discretion, determines that it is unlikely to receive timely payment of the full contract cash surrender values, the receiving company may reassign ownership of the policy/contract back to me.
- V. RETURN OF LIFE INSURANCE POLICY OR ANNUITY CONTRACT - Does not apply to partial 1035 exchanges on annuity contracts. 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. To the best of my knowledge no one else has any right, title or interest in the contract, nor has it been assigned, pledged or encumbered, unless this is a life insurance policy with a loan to carry forward.
- VI. MAXIMUM ISSUE AGE DISCLOSURE - An annuity contract may not be issued should the funding requirements be received after reaching maximum issue age for the annuity contract applied for. If the funds are received after the maximum issue age, the contract may be rejected and the funds returned to their original source. The surrendering company may or may not take the funds back, which could result in a taxable event.
- VII. NON-QUALIFIED TRANSFER OF FUNDS (NON 1035 EXCHANGE) - The receiving company will apply all such funds received to an annuity contract issued to me. I understand that the receiving company assumes no responsibility for tax treatment of this matter and I shall be responsible for payment of all federal, state and local taxes incurred with respect to the liquidation of such account. I acknowledge that the earnings credited under the annuity contract will begin to accrue when the receiving company receives these proceeds and all other necessary paperwork in good order. For index annuities, fixed account interest under the annuity contract will begin to accrue on the next Issue Day.
- VIII. The IRS has provided limited guidance on the tax consequences of transferring a life insurance policy with values less than the investment in the contract to a new or existing annuity contract. If the owner surrenders the newly acquired annuity contract, it's not clear whether the annuity losses are fully deductible against ordinary income or deductible as a miscellaneous deduction subject to a limitation of 2% of adjusted gross income (AGI). If the IRS views the two transactions as a single integrated transaction, they could consider it a step transaction and successfully disallow the losses as a tax deduction.

5. SIGNATURES

This transfer request also authorizes the receiving company to request information on the status of this transfer or exchange by phone or in writing. By signing below, I represent that the responses herein are, to the best of my knowledge, accurate and I have read the DISCLOSURES / ACKNOWLEDGMENTS section on page 2 of the ACORD 1035 Exchange / Rollover / Transfer Form.

The Internal Revenue Service does not require your consent to any provisions of this document other than the certifications required to avoid backup withholding.

Signature of Owner / Plan Administrator / Trustee / Custodian

Date (mm/dd/yyyy)

Signature of Joint Owner / Co-Trustee

Date (mm/dd/yyyy)

Signature of Insured / Annuitant (if applicable)

Date (mm/dd/yyyy)

Signature of Irrevocable Beneficiary (if applicable)

Date (mm/dd/yyyy)

Signature of Spouse (Required in AZ, CA, ID, LA, NV, NM, TX, WA and WI only)

Date (mm/dd/yyyy)

FOR TSA/403(b) TO TSA/403(b) TRANSFERS/EXCHANGES ONLY - EMPLOYER/THIRD PARTY ADMINISTRATOR SIGNATURE

By signing below, I am acknowledging that I have reviewed this direct transfer / rollover / exchange request and that it is authorized and approved under the employer's 403(b) plan under IRC section 403(b) and the final regulations.

- I am authorizing this transfer / rollover request.
- I am confirming that there is an information sharing agreement in place with the receiving company under the IRC section 403(b) regulations.
- All information provided on this form is accurate.

Print Name of Employer or Third Party Administrator

Title of Employer or Third Party Administrator

Signature of Employer or Third Party Administrator

Date (mm/dd/yyyy)

6 A. ACCEPTANCE OF 1035 EXCHANGE / TRUSTEE TRANSFER / DIRECT ROLLOVER For the receiving company's use only

By signature of an authorized officer below, the receiving company accepts assignment of all (or a portion of the assets if this is a partial exchange) to the above contract for purposes of complying with the client's intention of effecting a nontaxable exchange under IRC Section 1035. Please issue a check payable to the receiving company, the owner of the contract, for the full cash surrender value of the contract or a portion if it is a partial surrender.

For Trustee Transfers / Direct Rollovers from Tax-Qualified Accounts / Contracts:

The receiving company will deposit funds received into a:

6 B. eCONSENT and ACKNOWLEDGMENT (Applies to eSignature Transactions Only)

To the extent the receiving company has obtained electronic signatures to effectuate the transaction(s) set forth in this form, the receiving company, by the below signature of its authorized officer, hereby represents and warrants to the surrendering company that:

- This form has been completed using an electronic system that has an integrated e-signature capability;
- All consumer consents have been obtained under, and this form was signed using an e-signature process that complies with, all applicable federal and state e-signature requirements, including, but not limited to, the federal E-Sign Act, and the applicable states' versions of the Uniform Electronic Transactions Act;
- It shall indemnify, defend, and hold harmless the surrendering company from and against all losses, costs, liabilities, claims, threatened claims, demands, suits, obligations, expenses, judgments, and damages, including, but not limited to, reasonable attorneys' fees and witness' fees, arising from or related to: (i) the receiving company's breach of the warranties set forth in (a) and/or (b) above; (ii) a liability imposed by any municipal, state or federal governmental body relating to the receiving company's violation of an applicable e-signature law or regulation; and (iii) the receiving company's gross negligence, willful misconduct or illegal acts, including, but not limited to, claims that the e-signatures obtained on this form by the receiving company are invalid or were improperly obtained; provided, however, that (x) the surrendering company shall provide the receiving company of prompt written notice of any claim that the surrendering company believes falls within this scope of this paragraph, and (y) the surrendering company shall not settle any claim that adversely affects any rights of the receiving company without the receiving company's prior written consent; and
- Shall promptly provide to the surrendering company and/or its designee(s) any and all information in the receiving company's possession (or within the receiving company's reasonable control) as may be necessary to evidence the validity of the electronic signatures that were obtained to effectuate the transaction(s) set forth in this form.

Print Name of Authorized Officer

Title of Authorized Officer

Signature of Authorized Officer
(if applicable - may not be required if LOA is used)

Date (mm/dd/yyyy)



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

Automatic Payment Authorization

The following Transamerica Companies utilize this form:

Transamerica Advisors Life Insurance Company

Transamerica Financial Life Insurance Company

Transamerica Life Insurance Company

Transamerica Premier Life Insurance Company

✉ 4333 Edgewood Rd NE, Cedar Rapids, IA 52499

☎ Fax: (877) 355-4385

🌐 Website: www.transamerica.com

The Automatic Payment Authorization option is not available for Custodially-Owned policies.

POLICY INFORMATION

Policy Owner: _____ Policy Number: _____

Joint Owner (if applicable): [JointOwnerFN](#) _____

Citizenship/Jurisdiction: * ☐ U.S. Citizen ☐ U.S. Territory (_____) ☐ Non-U.S. Citizen (_____)
 (Territory) (Country)

☐ Resident Alien ☐ Non-Resident Alien

*** Not providing citizenship may delay processing.**

ACCOUNT INFORMATION

The process date must be between the 1st and the 28th day of the month. Please allow additional processing time from receipt of request. If the Automatic Payment Authorization is received after the requested date, changes will be effective on the next scheduled draft date.

NEW ACCOUNT SETUP

Name(s) on Account

Financial Institution Name

Financial Institution Address

City, State, Zip

Routing Number

Account Number

Amount to be Deducted: \$ _____ Date Deduction to Begin: ⁽¹⁾ _____

Account Type: ⁽²⁾ ☐ Savings Account ☐ Checking Account (\$50 Minimum Per Draft)

Debit Frequency: ☐ Weekly ☐ Bi-Weekly ☐ Twice ☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually ☐ One Time
Monthly

Please Note: If the account information written above differs from the supporting documentation provided, the Company will use the information on the supporting documentation. Please review the Financial Institution Information section for specifics on the supporting documents to provide.

(1) If not marked, the Company will default to the 1st of the month.

(2) If not marked, the Company will default to checking.

CHANGE TO EXISTING ACCOUNT

- ☐ On the next scheduled draft date
- ☐ Change the scheduled draft date: ⁽¹⁾ _____

Name(s) on Account

Financial Institution Name

Financial Institution Address

City, State, Zip

Routing Number

Account Number

Amount to be Deducted: \$ _____

Account Type: ⁽²⁾ ☐ Savings Account ☐ Checking Account (\$50 Minimum Per Draft)

Debit Frequency: ☐ Weekly ☐ Bi-Weekly ☐ Twice ☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually ☐ One Time
Monthly

Please Note: If the account information written above differs from the supporting documentation provided, the Company will use the information on the supporting documentation. Please review the Financial Institution Information section for specifics on the supporting documents to provide.

(1) If neither option is selected, the Company will default to the next scheduled draft date.

(2) If not marked, the Company will default to checking.

FINANCIAL INSTITUTION INFORMATION

In order for the Financial Institution to comply with the Depositor's request to allow the Company to obtain payments of amounts becoming due to the Company by initiating charges to the Depositor's account held at the Financial Institution, the Company agrees:

- To indemnify the Financial Institution for any loss the Financial Institution incurs as a direct consequence of complying with the Depositor's request as described in this Section.
- To defend, at the Company's own cost and expense, any action brought by the Depositor or any other person against the Financial Institution as a direct consequence of the Financial Institution complying with the Depositor's request as described in this Section.

Attach a Deposit Slip to draft from a Savings Account.
Attach a Voided Check to draft from a Checking Account.

The Company reserves the right to request additional documentation from the Depositor.

- **If the automatic payment is to be paid from an Entity or Trust account, the Company requires a Letter of Instruction, indicating who can sign for the account, on Financial Institution letterhead signed by an Officer of the Financial Institution.**


ACKNOWLEDGEMENTS AND REQUIRED SIGNATURE
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As a convenience to me, as Depositor, I request and authorize the Company to obtain payment of amounts becoming due to the Company by initiating charges to my account in the form of checks, share drafts or electronic debit entries, and I request and authorize the Financial Institution named to accept and honor the same and to charge the same to my account.

I understand I have the right to receive notice of each electronic debit entry that varies in amount from the previous entry, but I elect not to receive notice if such entry is equal to the amount due to the Company. This Authorization will remain in effect until I notify the Company or the Financial Institution, in writing, to terminate this Authorization, and the Company or the Financial Institution has a reasonable time to act on the termination.

I hereby terminate any prior Authorization of the Company to initiate charges to this account, effective the date on which the initial charge is initiated by the Company under this Authorization. I understand I may stop any charge by notifying the Financial Institution before my account is charged, and I may have the amount of the electronic debit entry credited to my account within 15 days after issuance of my statement or 45 days after posting, whichever occurs first.

Printed Depositor's Authorized Representative Name (Printed name is required for Entity or Trust accounts.)

 Signature of Depositor

Date

Depositor's Telephone Number