



TRANSFER / 1035 EXCHANGE FORM

1. EXISTING CONTRACT / POLICY INFORMATION

Name of Distributing Plan / Company	Contract / Policy Number Being Exchanged / Transferred		
MAILING ADDRESS of Current Company	City	State	Zip
	Phone Number of Current Company		
Annuitant's Name (Please Print)	Annuitant's Social Security Number		
Owner's Name (Please Print)	Owner's Social Security Number		
Joint Owner's Name – if Applicable (Please Print)	Joint Owner's Social Security Number – if Applicable		
Owner's Address	City	State	Zip

PLEASE SELECT A or B BELOW (Select One)

A. ☐ FULL 1035 EXCHANGE

I hereby make a complete and absolute assignment and transfer all rights, titles, and interests of every nature and character in and to the above contract to the Company in an exchange intended to qualify under Section 1035 of the Internal Revenue Code.

Upon receipt, the Company is directed to surrender all or part of my contract, as indicated above, and apply the value to the product for which I have submitted an application. I understand that by executing this assignment, I irrevocably waive all rights, claims and demand under the above contract. I acknowledge that the Company is furnishing this form and participating in this transaction as an accommodation to me and that the Company assumes no responsibility or liability for my tax treatment under Section 1035 of the Internal Revenue Code or otherwise.

B. ☐ QUALIFIED ACCOUNT TRANSFER (Certain restrictions may apply)

From: ☐ IRA ☐ Simple IRA ☐ Roth IRA ☐ Qualified Retirement Plan ☐ 403(b)/TSA Plan ☐ SEP IRA
To: ☐ Traditional IRA

I wish to liquidate and transfer the ☐ **entire value** or ☐ **partial value** (in the amount of) \$ _____ or _____ % of my present qualified account to the contract/policy I have established through United American Insurance Company.

If this is a transfer into an existing contract, please provide the existing Contract Number _____.

Without this contract number, the transfer must be made into a new contract.

This is a transfer and my Required Minimum Distribution (RMD) for this tax year:

- ☐ **Has** already been distributed to me from the contract/account listed above or from another source.
☐ **Has not** been distributed to me. Please calculate my RMD and distribute only that amount to me.

Prior year's ending balance as of December 31st (12/31): \$ _____

Base my RMD on (select one):

- ☐ **Uniform Lifetime Table Calculation**; or
☐ **Joint Last Survivor**

(available only if your spouse is the sole primary beneficiary of your contract and is more than ten (10) years younger than you).

Spouse's Name: _____ Spouse's Date of Birth: _____

2. RETURN OF CONTRACT / POLICY

Please choose one if you are transferring the full value of your current contract/policy.

- ☐ I certify that my contract is lost or destroyed.
☐ The contract/policy is attached.

3. SIGNATURES AND AUTHORIZATION

Please make check(s) payable to: **United American Insurance Company**

Mail to: United American Insurance Company
P.O. Box 8080
McKinney, Texas 75070-8080

Overnight to: United American Insurance Company
3700 S. Stonebridge Drive
McKinney, Texas 75070

Please transfer these funds ☐ **as soon as possible** or ☐ **on a specific date** MM / DD / YYYY (Not later than the maturity date)

I understand that the Company is providing this form for my convenience and makes no representations concerning my tax treatment.

I agree to execute any additional documents required to complete this transaction. **If this is an exchange, I acknowledge that this exchange qualifies under Section 1035 of the Internal Revenue Code as a "like-to-like" exchange.**

Signature of the Owner
(Note: A signature guarantee may be required by the surrendering carrier)

Spouse's Signature (if applicable)

Signature of Joint Owner (if applicable)

Signature Guarantee by: Name of Bank/Firm

Date

Signature of Officer & Title

Place Signature Guarantee Stamp Here

4. ACCEPTANCE FOR TRANSFER/1035 EXCHANGE

Home Office Use Only

The company requests this liquidation and transfer of the assets listed above. By its signature below, the Company represents that the above described receiving Annuity Contract is or is intended to be an Annuity Contract of the type indicated and that the Company will accept the Section 1035 Exchange/Transfer on behalf of the person(s) named on this form. Please provide us with a report of the pre- and post-TEFRA cost basis in the current contract, if applicable.

Authorized Signature

Date

Title

New Contract Number

United American Insurance Company • P.O. Box 8080 • McKinney, Texas 75070-8080 • (800) 585-9739