

TRANSFER IN / 1035 EXCHANGE REQUEST

1. Ownership & Annuitant / Insured Information (please print)

Owner(s) and Annuitant(s)/ Insured(s) must be exactly the same as the Owner(s) and Annuitant(s)/Insured(s) on the existing contract with the Surrendering Company.

Owner	Social Security Number
Co-Owner (if applicable)	Social Security Number
Annuitant / Insured	Social Security Number
Co-Annuitant / Insured (if applicable)	Social Security Number

2. Surrendering Company Information and Transfer / Exchange Instructions

Contact the Surrendering Company to determine if specific forms are required to initiate the transfer / exchange.

If no selection is made, transfer will be initiated immediately.

Company Name		
Physical Address		
City	State	Zip
Account Number / Policy Number	Fax Number	

Initiate transfer / exchange: ☐ Immediately upon receipt OR ☐ After _____ (mm / dd / year)

Apply Proceeds To:

☐ A new Contract / Certificate OR ☐ A pending Oxford Life Contract # _____

3. Amount of Transfer/Exchange

Type of Transfer Exchange ☐ Full Transfer / Exchange \$ _____ (estimated amount)
☐ I have enclosed the contract OR ☐ I certify that the contract has been lost or destroyed.
☐ Partial Transfer / Exchange \$ _____ (exact amount) or _____ %
☐ Transfer Penalty-Free Amount

4. Required Minimum Distribution

If this is a qualified contract and you are age 70½ this year, or older, you must make an election.

In order to avoid 1st year withdrawal charges, you must take the current year's withdrawal prior to transfer.

- ☐ No RMD is required for the current year.
☐ I have already taken my full RMD for the current year.
☐ I direct the provider of my existing account to distribute the RMD to me before exchange/rollover/transfer. I understand it is in my best interest to confirm with the current custodian that the RMD is processed before transferring the funds.

5. Source of Transfer/Exchange

Plan Type	FROM:	TO:
	<input type="checkbox"/> Non-Qualified (1035 Exchange)	<input type="checkbox"/> Non-Qualified (1035 Exchange)
	<input type="checkbox"/> IRA	<input type="checkbox"/> IRA
	<input type="checkbox"/> Roth IRA	<input type="checkbox"/> Roth IRA
	<input type="checkbox"/> SEP IRA	<input type="checkbox"/> SEP IRA
	<input type="checkbox"/> 401(k)	<input type="checkbox"/> Inherited IRA
	<input type="checkbox"/> 403(b)	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Inherited IRA	
	<input type="checkbox"/> Other _____	

6. Surrendered Account Type

- ☐ Variable Annuity ☐ Fixed Annuity ☐ Fixed Indexed Annuity ☐ Life Insurance
☐ Brokerage Account / Mutual Funds / Certificate of Deposit (CD) - I authorize the Surrendering Company listed above to **liquidate** my account and send the proceeds to Oxford Life Insurance Company.

7. Acceptance By Contract Owner / Participant

A. For All Transfers, Exchanges, and Rollovers:

1. I understand and agree that Oxford Life Insurance Company will request that the Surrendering Company totally or partially surrender the original Contract and that Oxford Life Insurance Company assumes no responsibility for any delay by the Surrendering Company in paying the surrender proceeds or for any changes in the amount or for any charges assessed from Surrendering Company.
2. I understand that if I am subject to Required Minimum Distributions, I must take the current year's withdrawal prior to transfer.
3. I understand that the proposed transfer may have important tax consequences and/or surrender or withdrawal penalties. I acknowledge that Oxford Life Insurance Company assumes no responsibility or liability for any tax treatment on this transfer under the Internal Revenue Code or otherwise. I understand that it is my sole responsibility to seek guidance from a tax professional and have had ample time to do so prior to requesting this transfer. I also understand, Oxford Life, its affiliates nor any of its representatives provide tax or legal advice.
4. I hereby declare that the Contract is not subject to any assignment, pledge, collateral assignment, or other lien and that no proceedings in bankruptcy or insolvency, voluntary or involuntary, have been instituted by or against me and that I am not under guardianship or any legal disability.
5. I understand that the proposed transfer or rescission of the Contract may have important tax consequences, and/or surrender or withdrawal penalties, and I represent and agree that Oxford Life Insurance Company is furnishing this form and participating in this transaction at my request. I understand and agree that Oxford Life Insurance Company makes no representations concerning my tax treatment under Internal Revenue Code Section 1035 or otherwise and that Oxford Life Insurance Company has no responsibility or liability for the validity of this assignment.
6. If the amount of funding received is insufficient for the issuance of a policy or there are undisclosed processing fees, surrender charges, or negative adjustments Oxford Life Insurance Company reserves the right to reexamine the contract and return funds at their sole discretion.

B. For Qualified Transfer:

1. I intend that this transfer be accomplished as a trustee-to-trustee transfer in a nontaxable manner in accordance with the Internal Revenue Code and all applicable IRS interpretive guidance regarding same and that this transfer not constitute actual or constructive receipt by me for federal income tax purposes. I hereby request and direct the transfer of the net proceeds of the account listed on the previous page.
2. I understand that I am purchasing this annuity in an IRA or other tax-qualified plan as identified in Section 4 of this form. Since IRAs and other tax-qualified plans are already afforded tax-deferred status, there is no additional tax deferral benefit in this annuity. I am purchasing this annuity because I value other features, such as lifetime income payments, principal protection, death benefit protection, or other enhanced benefits.

C. 403(b) Transfer Only: I acknowledge and agree that I have sole responsibility for:

1. Compliance with the Internal Revenue Service's Section 403(b) Regulations and my employer's or former employer's 403(b) plan, if applicable.
2. In determining and notifying Oxford Life Insurance Company as to whether the requested distribution is an eligible rollover distribution.

D. For 1035 Exchange:

1. I hereby assign and transfer the specified portion of my right, title, and interest in the above Contract ("the Contract") to Oxford Life Insurance Company. I irrevocably waive all rights, claims, and demands under the Contract. The purpose of this transfer is to effect a direct nontaxable exchange of contracts pursuant to Section 1035 of the Internal Revenue Code.
2. I understand and agree that the cost basis in the contract issued by Oxford Life Insurance Company shall be determined based upon the cost basis information provided by the above-referenced company ("Surrendering Company"). I further understand and agree that Oxford Life Insurance Company assumes no responsibility in determining or verifying the cost basis of the new contract issued by it. I acknowledge and agree that if Oxford Life Insurance Company does not receive cost basis information acceptable to it, the cost basis of the contract issued by Oxford Life Insurance Company will be zero.

You understand and agree that the Company may presume that no community property exists if You have not obtained Your spouse's signature below. Further You understand and agree that the Company has no duty to inquire further about any such community property interest. As a result, You agree to indemnify and hold the Company harmless from any consequences relating to Community Property Interest and this transaction.

Signature (Contract Owner)	Date	Signature Guarantee (If required by Surrendering Company)
X		
Signature (Co-Owner)	Date	
X		

If this transaction is subject to a community property interest, You must obtain Your spouse's signature on this application to document his/her consent to this transaction. States that recognize community property interest in property held by married persons include Alaska, Arizona, California, Idaho, Nevada, New Mexico, Texas, Washington and Wisconsin.

Spouse Signature	Date
X	

HOME OFFICE USE ONLY – Acceptance By Oxford Life Insurance Company

Oxford Life Insurance Company requests the liquidation and/or transfer of the account listed in Section 2. By our signature below, we represent that the account described is intended to be an account of the type indicated and that we 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: _____ Title: _____ Date: _____