



National Guardian Life Insurance Company • P.O. Box 2867 • Clinton, IA 52733-2867  
 Phone 877.442.6960 • Fax 608.373.7384 • www.nglic.com

# AUTHORIZATION TO TRANSFER FUNDS

## SECTION A: SOURCE OF FUNDS

Institution Name:

Address:

City: State: Zip:

Institution Phone Number:

Owner/Annuitant: Soc.Sec.No:

Address:

City: State: Zip:

I hereby request and direct the following action to be taken for the purpose of transferring part or all of the account or policy referenced above:

## SECTION B: BANK OR CREDIT UNION DEPOSITS

Account or Certificate Number(s):

Liquidate Certificate of Deposit on the maturity date:

Liquidate Certificate of Deposit immediately. I acknowledge any penalty imposed from early withdrawal.

Process Partial Liquidation of Certificate of Deposit. The amount to be transferred: \$

This Certificate of Deposit is:  Tax Qualified  Non-Qualified

## SECTION C: ACCOUNT LIQUIDATION (Your institution may require Medallion Signature Guarantee)

<input type="checkbox"/>	<b>Brokerage Account(s)</b>	<b>Account Number:</b>	
	<input type="checkbox"/> Full Liquidation <input type="checkbox"/> Partial Liquidation (amount): \$		
<input type="checkbox"/>	<b>Mutual Fund(s)</b>	<b>Account Number:</b>	
	<input type="checkbox"/> Full Liquidation <input type="checkbox"/> Partial Liquidation (amount): \$		
<input type="checkbox"/>	<b>Money Market Accounts</b>	<b>Account Number:</b>	
	<input type="checkbox"/> Full Liquidation <input type="checkbox"/> Partial Liquidation (amount): \$		
<input type="checkbox"/>	<b>401(k) or 403(b) Retirement Plan (You must also initiate transfer with plan administrator.)</b>		
	<b>Account Number:</b>		
	<input type="checkbox"/> Full Liquidation <input type="checkbox"/> Partial Liquidation (amount): \$		

This Above Account is:  Tax Qualified  Non-Qualified

**SECTION D: ANNUITY POLICIES**

<input type="checkbox"/>	<b>My Existing Policy:</b> <input type="checkbox"/> Non-Qualified <input type="checkbox"/> IRA <input type="checkbox"/> Roth IRA <input type="checkbox"/> Other Account Number:
<input type="checkbox"/>	<b>IRC Sec. 1035 Exchange (Tax-Free)</b> <input type="checkbox"/> Full Liquidation <input type="checkbox"/> Partial Liquidation (amount): \$
<input type="checkbox"/>	<b>Surrender (No Tax-Free Exchange)</b> <i>I hereby surrender the above-referenced contract for the net cash surrender value and direct the transferring company to make payment(s) to National Guardian Life Insurance Company (NGL), the assignee.</i> <input type="checkbox"/> Full Liquidation <input type="checkbox"/> Partial Liquidation (amount): \$
<input type="checkbox"/>	<b>Qualified Transfer</b> <i>Transfer of a qualified policy established under IRC Sec. 402 or 408 used to purchase a policy established under the same code.</i> <input type="checkbox"/> Full Liquidation <input type="checkbox"/> Partial Liquidation (amount): \$
<input type="checkbox"/>	<b>Qualified Direct Rollover</b> <i>The amount transferred is all or part of my eligible rollover distribution. I acknowledge that there is no mandatory withholding from this distribution because it is a direct rollover to an eligible retirement plan.</i> <input type="checkbox"/> Full Liquidation <input type="checkbox"/> Partial Liquidation (amount): \$

**SECTION E: LIFE INSURANCE POLICIES**

Policy Number(s):

<input type="checkbox"/>	<b>IRC Sec. 1035 Exchange (Tax-Free)</b> Exchange of a life insurance policy for an annuity under IRC Sec. 1035. <input type="checkbox"/> Full Liquidation <input type="checkbox"/> Partial Liquidation (amount): \$
<input type="checkbox"/>	<b>Surrender (No Tax-Free Exchange)</b> <i>I hereby surrender the above-referenced contract for the net cash surrender value and direct the transferring company to make payment(s) to National Guardian Life Insurance Company (NGL), the assignee.</i> <input type="checkbox"/> Full Liquidation <input type="checkbox"/> Partial Liquidation (amount): \$

**SECTION F: ASSIGNMENT OF POLICY**

<input type="checkbox"/>	<b>ABSOLUTE ASSIGNMENT:</b> I hereby assign all ownership and beneficial rights under the above-referenced policy(ies) absolutely to the following Assignee: <b>National Guardian Life Insurance Company (NGL) ID NUMBER: 36-2127818</b> <i>All previous designations of beneficiary and payee, and all previous elections of payment options under the contract(s) are irrevocably transferred. The sole beneficiary and payee of all amounts payable on the contract(s) shall be the above named assignee. This assignment is subject to any prior collateral assignments affecting the contract(s). Note: For partial exchanges, any surrender, withdrawal or other distribution from the existing or new annuity contract within one year of the exchange may cause adverse tax consequences unless you qualify for an allowable exception. Please consult with your accountant or tax advisor before making any withdrawals or distributions.</i>
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**SECTION G: TEFRA COMPLIANCE**

<input type="checkbox"/>	<b>Request for Cost Basis:</b> As required by the Tax Equity and Fiscal Responsibility Act of 1982 (TEFRA), please furnish a statement of cost basis to the Assignee and the former contract owner.
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**SECTION H: POLICY STATEMENT**

<input type="checkbox"/>	<b>The above-referenced policy is attached to this form.</b>
<input type="checkbox"/>	<b>Certificate of lost policy:</b> I hereby certify that the above-referenced policy has been lost or destroyed, and to the best of my knowledge and belief, is not in anyone's possession. <b>Policy Owner's Signature:</b>

**SECTION I: TAX WITHHOLDING**

For tax withholding on your distribution from your existing account or policy, please contact the existing company prior to transfer.

**SECTION J: REQUIRED MINIMUM DISTRIBUTION**

Note to Existing Company: If I am 70-1/2 or older, do not transfer or rollover my current year's Required Minimum Distribution (RMD). I direct the present Custodian/Trustee to: (Choose One)

- Proceed with the transfer since I already took my RMD for the current year.
- Distribute my RMD to me before transferring the remaining funds.
- Retain my RMD until such time as it required to be distributed and complete the transfer with the remaining non-RMD funds.

**SECTION K: AUTHORIZATION**

**I am aware of any surrender/withdrawal penalties which may apply and I authorize the transaction described above. This transfer request also authorizes National Guardian Life Insurance Company(NGL) to receive information on the status of this transfer or exchange by phone or in writing.**

I represent and agree that National Guardian Life Insurance Company (NGL) is participating in this transaction at my specific request and as an accommodation to me. I agree and understand that National Guardian Life Insurance Company (NGL) has made no representations and that the company has no responsibility or liability concerning my tax treatment under the Internal Revenue Code or by the Internal Revenue Service. I have been advised to contact my accountant or tax preparer for any advice concerning my tax treatment.

Please make check payable to: **National Guardian Life Insurance Company (NGL)** for the benefit of:  
 Name of Policy Owner:

<b>Signature of Insured/Annuitant:</b>	<b>Date:</b>
<b>Signature of Spouse*:</b>	<b>Date:</b>

*\* If you reside in one of the following community property states, the spouse must also sign: Alaska, Arizona, California, Idaho, Louisiana, New Mexico, Nevada, Texas, Washington, and Wisconsin.*

**SECTION L: Acceptance: This is to certify that the above individual has established a:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Non-Qualified Annuity | <input type="checkbox"/> Traditional IRA Annuity | <input type="checkbox"/> Roth IRA Annuity |
| <input type="checkbox"/> Life Policy           | <input type="checkbox"/> 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 existing contract, please complete this transaction and send a check with a copy of this form to:  
 Please make check payable to issuer/assignee:

**National Guardian Life Insurance Company**

For the benefit of: \_\_\_\_\_

Address for checks and correspondence:  
**National Guardian Life Insurance Company**  
**P.O. Box 2867**  
**Clinton, IA 52733-2867**

Overnight Mail:  
**National Guardian Life Insurance Company**  
**1315 19th Ave NW**  
**Mailstop R2**  
**Clinton IA 52732**

**Medallion Stamp Signature Guarantee (if required)**

<b>By:</b> <b>Authorized Signature:</b>	<b>Title:</b>	<b>Date:</b>
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