

200 N. Martingale Rd., Ste. 405 Schaumburg, IL 60173 847-342-4500 info@1891FinancialLife.com www.1891FinancialLife.com

AUTHORIZATION TO TRANSFER FUNDS

Original paperwork will need to be mailed to 1891 Financial Life Insurance as many financial institutions will require originals.

| 1) Financial Institution Holding Ass | sets | | | | | |
|---|---|-------------------|---|--|--|--|
| Company Name: | | | | | | |
| | | | | | | |
| Company Address – No PO Box: | | | | | | |
| | | | Phone No.: | | | |
| 2) Existing Owner Information at Financial Institution - shown in section 1 | | | | | | |
| OWNER | | | | | | |
| First Name: | Middle Name: | | Last Name: | | | |
| Address / Apt. No: | | | | | | |
| City: | | | | | | |
| Email: | SSN / TIN: | | | | | |
| JOINT OWNER – if applicable | | | | | | |
| First Name: | Middle Name: | | Last Name: | | | |
| Email: | | SSN / TIN: | | | | |
| INSURED/ANNUITANT(S) – if other than | owner | | | | | |
| Name(s): | | | | | | |
| Email(s): | | | | | | |
| SSN / TIN No(s): | | | | | | |
| SPOUSE - Only In CA, WA, WI (If you res | ide in one of the listed c | ommunity propert | y states.) | | | |
| First Name: | Middle Name: | | Last Name: | | | |
| Email: | | | | | | |
| The undersigned requests and directs the fidentified below. | following action be tak | en to transfer th | ne contract, policy, or account funds | | | |
| 3) Type Of Investment Held At Fina | ancial Institution - o | described in s | section 1 and 2 | | | |
| THIS SECTION MUST BE FULLY COMPL If the assets being transferred are currently state replacement forms may be required in | or were held in an ar | | r life insurance policy within the last 12 months, e's replacement regulations. | | | |
| • | ixed Annuity/Fixed Ind lutual Fund(s) ¹ | lexed Annuity | ☐ Life Policy☐ Money Market(s) | | | |

1 - Contact financial institution to liquidate the account prior to submitting transfer paperwork for securities.

| 4) Existing P | 4) Existing Plan Tax Qualification - described in section 1 and 2 | | | | | |
|--|--|--|--|--|--|--|
| SEP IRA Qualified Plan 1 - SIMPLE IRAs a Life Insurance for t are eligible for rollo 2 - Qualified plans initiate the transfer | or After Tax Beneficiary re not available for variable a ixed or variable business. Ho over. (401(k)/pension plans) gener | □ IRA - specify type: Tradi □ Traditional IRA □ SIMPLE IRA¹ □ Life annuities at 1891 Financial Life wever, 403(b) assets can be rally require their own withdra above, and an IRA is being e | ☐ Roth IRA | o) t available at 1891 Financial al Life Insurance if the assets | | |
| 5) Transaction | on Type - see page 3 fo | or disclosures on the t | ransaction being requested | | | |
| ☐ 1035 ExchanCOST BASISthe Assigneeavailable.☐ Non-1035 Ex | and to the former contrac | nust be "like to like" with th ance with the Tax Equity a tt, policy or account holder d assets | e same ownership) and Fiscal Responsibility Act of 19 of the cost basis in the contract, | | | |
| ☐ Direct Rollove | | ☐ Direct Trans | fer (e.g., IRA to IRA) stance letter provided by 1891 Fin | ancial Life Insurance | | |
| 6) Transfer I | nstructions for Assets | - described in section | 1 and 2 | | | |
| This is to reque Full Liquidation Partial Liquidation 2 - Partial 1035 existed | on – (estimated \$ amount) ation² – (\$ amount) \$ | sfer from the contract/p \$ed on life policies. In order to | be considered a 1035 exchange by t | | | |
| Immediately - On maturity/li 3 - Submit all trans maturity date any l life policies being e If neither box is | liquidation effective: - I am aware of penalties the quidation date ³ / fer paperwork at least 10 buster than 15 business days. It is tablished at 1891 Financial checked, transfer/liquidation any conservation period the | siness days prior to maturity of f outside of the time frame, re Life Insurance) ation will occur immedia | date. Do not submit transfer paperworequested processing cannot be guara | k requesting to hold for a nteed. (Does not apply for | | |
| Overnight funds | | rance - address on accep | ative: tance letter provided by 1891 Fin Overnight Account Number: | | | |
| 7) Funds To | Be Applied To 1891 Fi | nancial Life Insurance | | | | |
| Annuity Life Policy | Existing 1891 Financial Li | ife Insurance contract/poli | number: cy number: number: | | | |
| | | Tisurance contract/policy i | iumber | | | |
| 8) Lost Cont | ract Statement | | | | | |
| Contract is attached Certificate of lost contract – I/We certify that the above referenced contract has been lost or destroyed; and to the best of my/our knowledge and belief is not in anyone's possession. | | | | | | |

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9) Disclosures

I am aware of any surrender/withdrawal penalties which may apply, and I authorize the transaction described above. This transfer request also authorizes 1891 Financial Life Insurance to receive information on the status of this transfer or exchange by phone or in writing.

The undersigned represents and agrees that 1891 Financial Life Insurance is participating in this transfer at the undersigned's specific request. It is further agreed that 1891 Financial Life Insurance has made no representations and that it has neither responsibility nor liability concerning the tax treatment of this transaction under the Internal Revenue Code.

Transaction Disclosure Information Tax Qualified Transactions:

Transfers: This Certificate of Deposit, brokerage account, mutual fund, money market, and/or annuity contract is held in the IRA type marked above and is to be transferred to the same type of IRA.

Direct Rollover: This amount represents all or part of my eligible rollover distribution. 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.

Required Minimum Distributions:

Important note to existing financial institution: If I must receive a required minimum distribution (RMD) for any reason (I am age 70-1/2 or older, this is a beneficial IRA, etc.), do not transfer or roll over my current year's RMD calculated for this account.

Important note to owner: The existing financial institution has the most accurate information to ensure that you receive the correct RMD from this account. If you do not receive the full amount of your RMD, you may be subject to an IRS penalty of up to 50% of the underpayment.

If necessary, instruct your existing financial institution before affecting this transfer to either: (1) pay your RMD to you now, or (2) retain that amount for distribution to you later.

Non-Qualified Transactions

Annuity/Life 1035: Surrender a non-qualified annuity contract(s) or life insurance policy for the purchase of another non-qualified annuity contract under Sec 1035 of the Internal Revenue Code. Annuities only: For partial 1035 exchanges, any surrender or withdrawal from the existing or new annuity contract within 180 days of the exchange may subject you to adverse tax consequences unless you receive amounts as an annuity for the period of 10 or more years (or+ over your life expectancy). Please see your tax professional for further details.

Surrender (Annuity/Life): The undersigned, as owner of this contract or policy specified in this transaction, elects to surrender the assets for its net cash value and directs the transferring company to make payment(s) to the name Assignee. This does not qualify as a 1035 exchange.

Absolute Assignment for 1035 Exchanges of Life or Annuity Contracts

The owner of the above contract(s) hereby assigns ownership and beneficial rights under the contract(s) to the following assignee, 1891 Financial Life Insurance, Assignee ID Number: #36-1981330.

All previous designations of beneficiary and payee, and all previous elections of payment options under the contract(s) as to the partial or total amounts shown above, are revoked. The sole beneficiary and payee of the partial or total amounts shown above, shall be the named assignee.

IRA Rollover

Please note that, effective January 1, 2015, if you make a tax-free IRA to IRA rollover, you cannot, within a one-year period, make another tax-free rollover of a distribution from any of your IRAs to another IRA. Please consult your tax advisor with any questions.

10) Transaction Authorization SIGN AND DATE HERE **Medallion Stamp Guarantee** For requesting securities at the transferring company, if required. Owner/Plan Administrator Date Joint Owner - If Applicable Date Insured/Annuitant - Life Policy Different Than Owner Date Spouse¹ - Only In CA, WA, WI Date as Trustee of the: TRUSTEE'S SIGNATURE TRUSTEE NAME - printed DATE Trust Email:

If you have additional questions, please call 1891 Financial Life Insurance at 800-344-6273.

¹⁻ If you reside in one of the above listed community property states, the spouse must also sign.