



THE SAVINGS BANK LIFE INSURANCE COMPANY
 200 DAY HILL ROAD, WINDSOR, CT 06095
 1-800-252-7254 ■ WWW.SBLI4LIFE.COM

TAX FREE TRANSFER REQUEST FORM

⇒ FOR NON-QUALIFIED 1035 EXCHANGES

⇒ FOR QUALIFIED TRANSFERS AND ROLLOVERS

♦ INFORMATION AND INSTRUCTIONS

- ✓ The new SBLI contract must be entitled exactly the same, i.e. Annuitant(s)/Owner(s), as the existing contract. All Owners MUST SIGN the Tax Free Transfer Request Form.
- ✓ Complete a different Tax Free Transfer Request Form for each contract that is being replaced.
- ✓ An original application must accompany the Tax Free Transfer Request Form
Please Note: The new SBLI application must be dated the same date as the Tax Free Transfer Request Form.
- ✓ For Qualified Tax Free Exchanges:
 SBLI does not currently accept Simple Plans or Qualified Retirement Plans unless converting to an Individual Retirement Annuity(IRA).

♦ GENERAL INFORMATION

Name of Annuitant: _____	Social Security #: _____
Name of Joint Annuitant: _____	Social Security #: _____
Name of Owner (If Different): _____	Social Security #: _____
Name of Joint Owner (If Applicable): _____	Social Security #: _____

♦ CONTRACT INFORMATION

Current Trustee/Issuer Name: _____

Current Trustee/Issuer Address: _____
Full Street Address

City State Zip

Current Contract/Account Number: _____

The Contract is: (Check One)

Enclosed Lost or Destroyed- *I certify that the contract is lost or destroyed. Additionally, I certify that the contract has not been assigned or pledged as collateral.*

♦ TYPE OF TRANSFER

- External Tax Free Request, Including 1035 Exchange - *Apply proceeds to Existing Contract number (If Allowed):* _____
- Internal SBLI Contract *Existing Contract #:* _____
- Non-Qualified, 1035 Exchange
- Qualified, From:
 - IRA SEP Simple Pension/Profit Sharing Plan Other Qualified Retirement Plan _____

If Qualified, Indicate One of the following:

Direct Rollover (UCA-92) Indirect Rollover Trustee to Trustee Direct Transfer (Including Rev. Ruling 90-24)

Important Note: SBLI currently does not accept funds into any plan other than a Traditional IRA. Refer to your Financial Advisor for any possible tax consequences.

♦ **TRANSFER INSTRUCTIONS**

Current Estimated Value of Contract \$ _____

(Must Be Completed)

Transfer all the assets in my contract (Required for Non-Qualified - 1035 Exchanges)

Partial transfer of assets (Qualified Plans only) in the amount of \$ _____

Transfer immediately

Transfer assets on: _____ (Date MUST be within 30 Days)

Mo. Day Yr.

Important Note for Qualified Accounts: If you are age 70 1/2 or older this year, prior to effecting this transfer you may want to instruct your present trustee/custodian to either (1) pay your Required Minimum Distribution to you now; or (2) retain the amount of your Required Minimum Distribution for distribution later this calendar year.

SUBMIT FORM ANNO110 - IR ANNUITY REQUIRED ELECTIONS FORM

♦ **DISCLOSURES AND SIGNATURES**

For Qualified Contracts: As the owner of the Contract indicated above, I request the transfer or rollover to The Savings Bank Life Insurance Company(SBLI) as sponsor, issuer and carrier of a fixed annuity Contract. I have submitted an application to The Savings Bank Life Insurance Company to establish an account for the purpose of this transaction. I further agree that SBLI is not responsible for the tax treatment of this matter and that I am responsible for any withdrawal charges or fees of any kind owed the current company.

For 1035 Exchanges: I, the owner(s), assign and transfer to the Savings Bank Life Insurance Company (SBLI), all rights, interests and benefits in the current Contract for the sole purpose of effecting an exchange under Section 1035 of the Internal Revenue Code, as amended. I represent and warrant that the current Contract is not subject to any lien or encumbrance, nor is it subject to any legal proceedings of any kind, including bankruptcy. I further agree that SBLI is not responsible for the tax treatment of this matter and that I am responsible for any withdrawal charges or fees of any kind owed the current company.

I request that the current company immediately, unless otherwise indicated, complete the transfer, exchange, or rollover. Please do not withhold any amount for taxes from the proceeds.

X	X	
Signature of Owner	Signature of Joint Owner (Required)	Date
X	As**: <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Conservator <input type="checkbox"/> Irrevocable Beneficiary **Certified Copy of Appointment and Photo I.D. are required.	
Signature of Other Authorized Individual		

NAME OF AGENCY/BANK	INTERNAL USE ONLY AGENCY/BANK #	PRODUCER #	BRANCH #
_____	____ ____ ____	____ ____ ____ ____ ____ ____	____ ____ ____ ____

♦ **ACCEPTANCE (BY HOME OFFICE)**

This is to certify that the above individual has established a: Tax-qualified Nonqualified annuity Contract Number: _____

The Savings Bank Life Insurance Company (SBLI) acknowledges that an application has been received from the Owner(s) or Participant to establish an account for this transaction and requests liquidation of the above referenced Contract. SBLI is willing to accept the 1035 Exchange, transfer, or rollover shown to be credited to the account of the Owner(s). Please do not withhold any amount for taxes from the proceeds. **Make the check payable to:**

The Savings Bank Life Insurance Company
Attn: Annuity Department
200 Day Hill Road
Windsor, CT 06095

Accepted By _____ Title _____ Date _____