

**TRANSFER/1035 EXCHANGE FORM****EquiTrust Life Insurance Company®**

7100 Westown Parkway, Suite 200

West Des Moines, Iowa 50266-2521

(866) 598-3692 Fax: (515) 226-5103

[www.EquiTrust.com](http://www.EquiTrust.com)

Mailing Address: PO Box 14500

Des Moines, Iowa 50306-3500

**1. CURRENT CONTRACT/POLICY INFORMATION (Please print)**

Name of Distributing Plan/Company		Contract/Policy Number Being Exchanged/Transferred		
<b>OVERNIGHT MAILING ADDRESS (No PO Boxes)</b>	City	State	Zip	Phone Number
Annuitant Name		Annuitant Social Security Number		
Owner Name		Owner Social Security Number		
Joint Annuitant Name (if applicable)		Joint Annuitant Social Security Number		
Joint Owner Name (if applicable)		Joint Owner Social Security Number		
Owner(s) Address	City	State	Zip	
<b>Above account is:</b>				
<input type="checkbox"/> Fixed Annuity	<input type="checkbox"/> Variable Annuity	<input type="checkbox"/> Life Policy	<input type="checkbox"/> Certificate of Deposit	
<input type="checkbox"/> Qualified Retirement Plan	<input type="checkbox"/> Brokerage Account	<input type="checkbox"/> Mutual Fund	<input type="checkbox"/> Money Market	
<input type="checkbox"/> Checking/Savings Account	<input type="checkbox"/> Other (specify): _____			
Please note Qualified Plans may require separate forms. Please contact the Plan Administrator.				

**2. TRANSFER INSTRUCTIONS**

<b>Please transfer these funds</b> <input type="checkbox"/> immediately or <input type="checkbox"/> on a specific date ____/____/____ (not later than the maturity date)
<b>Return of Contract/Policy</b> (Please choose one if you are transferring the full value of your contract/policy)
<input type="checkbox"/> I certify that I cannot find my contract/policy. <input type="checkbox"/> The contract/policy is attached.

**3. PLEASE COMPLETE A, B, C, OR D BELOW (ONE ONLY)**

<b>A. 1035 EXCHANGE – I wish to liquidate and exchange the:</b> <input type="checkbox"/> <b>FULL</b> <input type="checkbox"/> <b>PARTIAL</b> \$_____ or _____% (Check with your representative for availability). <input type="checkbox"/> <b>All funds not subject to surrender/back-end sales charges</b> 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. <b>If this is an exchange into an existing contract, please provide the existing Contract Number _____.</b> <b>Without this contract number, the exchange must be made into a new contract. Additionally, by signing this form, I acknowledge that this exchange qualifies under Section 1035 of the Internal Revenue Code as a “like-to-like” exchange.</b> 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>B. NON-QUALIFIED TRANSFER – such as Mutual Funds shares, savings/checking account transfers.</b> <b>This is not for 1035 Exchanges.</b> <b>I wish to liquidate and transfer the:</b> <input type="checkbox"/> <b>Full Value</b> <input type="checkbox"/> <b>Partial Value of \$_____ or _____%.</b> The Company will apply all such funds received to an annuity contract issued to me. I understand that the Company assumes no responsibility for tax treatment of this matter and I shall be responsible for payment of all federal, state, and local taxes incurred with respect to the liquidation of such account. I acknowledge that the earnings credited under the annuity contract will begin to accrue when the Company receives these proceeds and all other necessary paperwork in good order.

**C. QUALIFIED ACCOUNT TRANSFER - I wish to liquidate and transfer the:**

- ☐ Full Value ☐ Partial Value in the amount of \$ \_\_\_\_\_ or \_\_\_\_\_ % (Certain restrictions may apply)  
☐ All funds not subject to surrender/back-end sales charges

From: ☐ IRA ☐ SIMPLE IRA ☐ Roth IRA ☐ SEP IRA ☐ Inherited/Stretch IRA ☐ Other

To: ☐ IRA ☐ SIMPLE IRA ☐ Roth IRA ☐ SEP IRA ☐ Inherited/Stretch IRA ☐ Other

**NOTE:** For IRA transfers, if we are issuing a Roth IRA at EquiTrust you are responsible for issuing a 1099R for the conversion at the time of surrender.

**REQUIRED MINIMUM DISTRIBUTION (RMD) INFORMATION (Please complete if client is of RMD age)****My Required Minimum Distribution:**

- ☐ has not been taken for this year. Please process my RMD prior to transfer.  
☐ has been taken for this year. ☐ will be taken from another source of funds.

**D. QUALIFIED ACCOUNT ROLLOVER - I wish to liquidate and rollover the:**

- ☐ Full Value ☐ Partial Value in the amount of \$ \_\_\_\_\_ or \_\_\_\_\_ % (Certain restrictions may apply)  
☐ All funds not subject to surrender/back-end sales charges

From: ☐ IRA ☐ Qualified Retirement Plan ☐ SEP IRA ☐ TSA ☐ 401(k) Plan ☐ 457 Plan ☐ Other

To: ☐ IRA ☐ SEP IRA

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 laws.

**TSA/401(k)/457 Plan/401(a) to IRA**

Qualifying event:

- ☐ Separated from service ☐ Age 59½ ☐ Termination of plan ☐ Disability ☐ Death

**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.**

**4. SIGNATURES AND AUTHORIZATIONS**

Please make check(s) payable and mail to:

**EquiTrust Life Insurance Company (overnight)**

or

**EquiTrust Life Insurance Company (regular mail)**

Attn: Annuity New Business

Attn: Annuity New Business

7100 Westown Pkwy Ste 200

P.O. Box 14500

West Des Moines, IA 50266-2521

Des Moines, IA 50306-3500

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 qualifies under Section 1035 of the Internal Revenue Code as a "like-to-like" exchange.**

Owner Signature (Signature guarantee may be required)	Joint Owner Signature (if applicable)
Date	Spouse Signature (if required for Community Property State)
Signature Guarantee by: Name of Bank/Firm	Officer Signature and Title

Place Signature Guarantee Stamp here:

**5. 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