

The United States Life Insurance Company in the City of New York

Mailing Address: Annuity Service Center • P.O. Box 871 • Amarillo, TX 79105-0871

Overnight Mailing Address: Annuity Service Center • 1050 N. Western Street • Amarillo, TX 79106-7011

REQUEST TO TRANSFER FUNDS

1. PERSONAL INFORMATION

Owner: _____ Joint Owner: _____
Annuitant (if different from owner): _____ Social Security Number: _____
Address: _____
City/State/Zip: _____ Phone: _____

2. CONTRACT/CERTIFICATE

Account Number _____ Company _____
Address _____
The above contract(s) is ☐ enclosed ☐ misplaced
Phone _____

3. TYPE OF WITHDRAWAL

☐ Total withdrawal ☐ Partial Withdrawal _____
FROM ☐ Annuities ☐ Life Insurance

4. SOURCE OF TRANSFER (For Direct Rollovers, use form number USL 175)

TYPE OF TRANSFER

☐ Trustee-to-Trustee Transfer

☐ IRA/SEP ☐ Roth IRA ☐ Other _____

☐ Liquidate on maturity date of _____

(Before the maturity date, I understand there may be a

☐ Immediately penalty.)

☐ Non-Qualified Funds (Non-Insurance)

☐ Certificate of Deposit:

☐ Before the maturity date, I understand there may be a penalty

☐ On the maturity date of _____.

☐ Mutual Fund / Money Market

Participants who are age 70 1/2 or older may be required to take a required minimum distribution prior to completing this transaction, if this a complete transfer.

☐ IRC Section 1035(a) Non-Taxable Exchange of Non-Qualified

Funds

(For partial exchanges, use form USL 163)

ABSOLUTE ASSIGNMENT

I do absolutely assign and transfer the above identified life/annuity contract to The United States Life Insurance Company in the City of New York (US LIFE), its successors and/or assigns, along with any and all claims, options, privileges, rights, title, and interest therein, and subject to all conditions of such contract as consideration and in exchange for an annuity contract to be issued by US LIFE in conformance with section 1035 of the Internal Revenue Code. All power, election, appointments, options or rights exercisable by me as owner of the contract (including the right to surrender this contract) are now exercisable by US LIFE, subject to acceptance by the issuing company.

The contract I am assigning is not subject to any prior assignment. It is not subject to proceedings in bankruptcy, federal tax levy, collection proceedings or any other legal action. There is no outstanding loan on the contract.

No coverage takes effect with US LIFE because of this assignment or any application for an US LIFE contract. The contract issued by US LIFE will be deemed to be issued in exchange for the contract listed above when the proceeds of such contract are received by US LIFE and applied to its contract. If a claim should arise before payment of the surrender value in full is received by US LIFE, the undersigned understands no insurance has taken effect with US LIFE and the undersigned agrees to look solely to the insurer of the contract number noted above for relief. **For ALL 1035 Exchanges, please provide the cost basis information for the current contract.**

5. SIGNATURES

I understand and agree that if I establish more than one non-qualified annuity contract with The United States Life Insurance Company in the City of New York (US LIFE) in the same calendar year, US LIFE will be required to treat all such contracts as a single contract for tax purposes. Such contracts are referred to as "serial contracts." I understand and agree that this means that because serial contracts are treated as one contract, all interest must be withdrawn and taxes paid on each contract in succession before any withdrawals of principal are allowed. I also understand and agree that an exchange of one non-qualified annuity contract for multiple non-qualified annuity contracts issued by more than one insurance company may not qualify for treatment as a nontaxable Section 1035 exchange of contracts. I hereby authorize US LIFE to rely upon the information provided by the current insurer, trustee, or custodian, and to assume, in the absence of such information, that more restrictive and/or less beneficial tax rules apply to the amounts transferred.

I request that the above referenced contract be liquidated and transferred to The United States Life Insurance Company in the City of New York. I am aware of any penalties or surrender charges that will result from this liquidation by the previous company. I am further aware that any tax consequences of this transaction are solely my own and that I may wish to consult my tax advisor.

Contract Owner: _____ Date: _____

Joint Owner: _____ Date: _____

Spouse/Irrevocable Beneficiary (if any) _____ Date: _____

Witness to all signatures: _____ Date: _____

6. ACCEPTANCE

For transfers of tax-qualified funds, the new contract must meet the same Internal Revenue Code requirements as the existing contract. On the above authorization and/or assignment, please liquidate the above assets.

Assets will be accepted in new contract # _____ or existing contract # _____

Make check(s) payable and mail to:

The United States Life Insurance Company in the City of New York

FBO: _____ **SSN:** _____

P.O. Box 650545, Dept. USL

Dallas, Texas 75265-0545

Or if IRA Transfer

The United States Life Insurance Company in the City of New York

FBO: _____

By: _____ Date: _____

US Life Insurance Company Representative/Title