



Transfer/Exchange/Rollover

Please complete Section VIII for all plan administered accounts (i.e.: 403(b), 457, Pension, etc.)

Section I

Transferring Financial Institution Information
 (Complete a separate form for each company.)

Trans America				800-851-9777
Name of Financial Institution				Phone Number
4333 Edgewood Road NE	Cedar Rapids	IA	52499	
Address	City	State	Zip	

Section II

Owner/Annuitant of Policy

Celia Burton	469-92-6276
Owner's Name	Owner's TIN/SSN
Annuitant's/Insured's Name (if different)	
Joint Owner's Name	
Joint Owner's TIN/SSN	

Section III

Transferring Company Instructions

(Please note: Any future dated transactions will be initiated immediately. The Transferring Company is responsible for processing according to the instructions indicated in this section. Annuity to Life transfers are taxable and not considered Replacements.)

Policy/Acct #1: 014647783 Approximate Amount: \$ 5858.54

Full Partial Periodic Payment: Frequency: (i.e. monthly, quarterly, annually) _____ Years: _____

Policy/Acct #2: _____ Approximate Amount: \$ _____

Full Partial Periodic Payment: Frequency: (i.e. monthly, quarterly, annually) _____ Years: _____

Apply proceeds to: A New Policy or An Existing Policy: _____

Proceeds to be transferred from: Bank Account/CD/Mutual Fund Annuity Life Policy

Loan to be carried forward \$ 0 Loan type: Standard Variable Fixed (for FlexLife II only)

(Note: Carryover of loans only available with 403(b), 457 & Life. NLG will not accept defaulted loan balances.)

From Existing Plan Type:	To New Plan Type:
<input type="radio"/> 403(b)	<input type="radio"/> 403(b)
<input type="radio"/> Traditional IRA	<input type="radio"/> Traditional IRA
<input type="radio"/> Roth IRA	<input type="radio"/> Roth IRA
<input type="radio"/> 401(k)	<input type="radio"/> 401(k)
<input type="radio"/> SEP IRA	<input type="radio"/> SEP IRA
<input type="radio"/> SIMPLE IRA	<input type="radio"/> SIMPLE IRA
<input type="radio"/> Roth 403(b)	<input type="radio"/> Roth 403(b)
<input type="radio"/> 457	<input type="radio"/> 457 (Note: 403(b) to 457 is not available)
<input checked="" type="radio"/> Non-Qualified	<input checked="" type="radio"/> Non-Qualified
<input type="radio"/> Other _____	<input type="radio"/> Other _____

Section IV

Important Notices

- The company will hold issuance of a single premium policy for 30 days from receipt of the first premium pending additional premium and will not credit interest during this period. Once 30 days expires, the policy will be issued. An additional policy will be issued if premiums are received after the 30-day period.
- For 403(b) LSW will not maintain a separate account for the rollover amount. All values in the annuity will become part of the new plan. If the plan requires segregation of the rollover contribution, a new LSW annuity will be required.

Section V General Agreement

a) Under penalties of perjury, I certify that (1) the number shown on this application is my correct taxpayer identification number; (2) the IRS has never notified me that I am subject to backup withholding, or has notified me that I am no longer subject to such withholding or I am exempt from such withholding; and (3) I am a U.S. person (including a U.S. resident alien). You must cross out item 2 if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return. b) I represent and warrant that the said current policy/account has not been assigned or pledged as collateral and is not subject to any lien, encumbrance, or legal proceedings of any kind, including bankruptcy. I am responsible for continuing any premium payment for my current policy (if necessary to keep the policy in force) until the surrendering company mails the policy proceeds to Issuing Company. I further agree that the Issuing Company is not responsible for any tax effect of this transfer or any delay by the surrendering company in processing this request. I am responsible for surrender charges and/or fees that result from this transfer. c) Upon surrender, transfer, or rollover on the current policy/account, the cash value when received by the Issuing Company at its Administrative/Home Office, will be applied to the new policy. To the extent that the Issuing Company agrees to a loan being carried forward from the current policy, the amount of the loan will be applied to the new policy. All proceeds from the surrender are intended to be applied to the new policy, subject to its terms. If for any reason the new policy is not placed, the policy/account owner will receive an amount equal to the cash value received from the surrendering company. d) All exchanges, transfers and rollovers are subject to the applicable IRS rules. Any rollover proceeds must comply with the rollover rules of IRC Section 402, et al. Any Required Minimum Distribution has been or will be taken prior to the transfer of these proceeds as required by IRC Section 401(a)(9). Information relative to this transaction may be furnished to the Issuing Company.

Section VI Full 1035 Exchange Assignment and Exchange Agreement

a) I, the Owner, assign and transfer to the Issuing Company, all right, title and beneficial interest in the current policy for the sole purpose of effecting an exchange under Section 1035 of the Internal Revenue Code. If the new policy applied for is, due to any reason, not issued, the current policy will be reassigned to the policy owner named above. b) For internal exchanges, the Applicant agrees that if the original policy is a variable policy, its Cash Surrender Value shall be determined as of the last market day prior to issue of the new policy and agrees that all proceeds from the exchange are intended to be applied to the new policy. c) I recognize that the discharge of any loan on the current policy may constitute cash received under IRC Section 1031(b), and that cash received as a result of the exchange may be reported as income to me to the extent there is a gain in the current policy. d) If the Issuing Company is unable, within 6 months, to effect a surrender of the current policy issued by the current Company, then this Agreement and any assignment of the current policy to the Issuing Company shall become null and void. The Issuing Company will reassign the current policy to the owner.

Section VII Signature(s)

I request liquidation and transfer of the proceeds to: Life Insurance Company of the Southwest or National Life Insurance Company.

Policy Statement - Please Select One (Required):

My Policy/Contract has been lost or destroyed or My Policy/Contract is enclosed

Celia Burton

Applicant/Owner

04/08/2019

Date

Joint Owner

04/08/2019

Date

Spouse (Required in community property states: AZ, CA, ID, LA, NM, NV, TX, WA, WI)

04/08/2019

Date

Signature Guarantee (if required by Transferring Company)

Other Signatures Required (i.e. Trustee, Collateral Assignee, Irrevocable Beneficiary, etc.)

Capacity (i.e. Trustee, Power of Attorney, etc.)

04/08/2019

Date

Section VIII Required for Qualified Plans: i.e., 403(b), 457, Pension, etc.

Note: If either one of these questions below is "yes", the plan administrator's signature is required. If the questions are not completed, the answer will default to "no".

Is the employer listed with the transfer company different than the employer listed with LSW? Yes No

If yes, please provide the employer's name: _____

Is the plan type, (i.e.:403(b), 457, Pension, etc.) at the transfer company different than the plan type at LSW? Yes No

Please review signature requirements with the Plan Administrator and transfer company to determine if the Plan Administrator's signature is required. Please obtain signature if necessary.

Plan Administrator's Signature

04/08/2019

Date



Traditional Fixed and Fixed Indexed Annuity Suitability Form

If any of the questions below are answered 'Yes', then this form is required. All sections are required to be completed in full.

- Is this transaction a transfer, rollover, replacement or exchange? Yes No
- Is this applicant/owner 65 or older? Yes No
- Is this a new non-qualified contract? Yes No
- Is this an existing contract with \$10,000 or more being added? Yes No

INCOMPLETE FORMS WILL DELAY PROCESSING

Product Applying For: Life Scope Requesting GLIR? Yes No

New Policy or Existing Policy (Please provide policy number) _____

Name (First, Middle, Last): Celia Agura Burton DOB (mm/dd/yyyy): 3/23/63

Section I (This section can NOT be declined)

1. What is your household liquid net worth? (Penalty free amounts. Include this proposed transaction, if liquid. Exclude home & auto.) \$225,000
 Please provide the liquid assets available in:
 Bank Products (CDs/Cash): \$ 9000 Securities (Stocks/Bonds/Mutual Funds): \$ _____ Life Insurance or Annuities: \$ 600,000
2. Current Occupation: teacher trainer or Retired (Former occupation is required): _____
3. Anticipated Retirement Age (from full-time employment): Self 55 Spouse 57
4. Annual Household Income: \$ 225,000
5. Annual Household Expenses: \$ 200,000
6. Annual Tax Bracket: Under 15% 15% - 28% > 28%
7. Do you anticipate material changes in your household annual income, financial situation and needs, existing assets, liquidity needs, or liquid net worth?
 Yes No If 'Yes', please explain: _____
8. Age starting Social Security Income Self 62 Spouse 62
9. For VT residents only: What is your monthly long term care cost? \$ _____
10. For CA residents only: Do you intend to apply for means-tested government benefits, such as Medi-Cal or veterans' benefits? Yes No

Section II (If SPIA, go to Section III)

11. What is your risk tolerance for this product? Conservative Moderate Aggressive
12. Time Horizon:
 - a. Do you anticipate taking withdrawals (excluding loans) from your annuity during the first policy year other than a required minimum distribution (RMD)? Yes No
 - b. Do you anticipate taking withdrawals (excluding loans) of more than 10% of the account value in any year after the first policy year, during the withdrawal charge period? Yes No
 - c. Do you anticipate surrendering this annuity before the withdrawal charge period is over? Yes No
 - d. Do you anticipate taking withdrawals in excess of the Guarantee Lifetime Income payments? (If not applicable, answer 'No'.) Yes No

Section III

- 13a. Excluding this proposed transaction, have you had a prior annuity exchange? Yes No
 - b. If 'Yes', did it occur within the last 36 months (60 months if CA or MN resident)? Yes No
14. Do you have existing life insurance policies or annuity contracts sold by this producer? Yes No
15. Which of the following financial, insurance and investment products have you owned and/or currently own? (Check all that apply)
 None Life Insurance Annuities Stocks/Bonds (corporate, municipal, etc.) Mutual Funds Other: CD

16. What are your objectives for this purchase?

- Protection of Premium Paid Access to more product options Tax Deferral
 Enhanced Death Benefit Feature Potential for more growth opportunity Current Income
 Estate Planning Control of Assets Future Income: Starting Age _____

17. Please provide any additional information specific to this transaction you would like us to take into consideration.
 client wants living benefits

Section IV

18a. What is the source of premiums for purchasing this annuity? Answer all that apply:

- Replacement or surrender of life insurance or annuity policy. If so, complete the grid below.
 Savings/Checking/CD State Teachers Retirement Reverse Mortgage/Home Equity Loan
 Surrender of Mutual Funds, Stocks, Bonds or other Securities within the last 6 months.

If any withdrawal charges were assessed, please specify: \$ _____

Salary (question 18b not required)

Other: (Do not include tax qualification such as 401(k) or Beneficiary IRA) _____

18b. What line of business is this money coming from?

- IRA 403b 401k Non-Qualified Beneficiary IRA 457(b) Pension Plan Other: _____

18c. This grid **must be completed** if Life Insurance, Fixed or Indexed Annuity, or Variable Annuity is being replaced.

Please submit a recent account statement copy.			
	Replacement #1	Replacement #2	Replacement #3
1. Product Type (Life or Annuity)	life		
2. Company Name	Trans America		
3. Dollar Amount	\$ 5858.54	\$	\$
4. Product Name	Financial Foundation IUL		
5. Type of Annuity (Fixed / Indexed / Variable / 2 Tier)			
6. Type of Life (UL / WL / IUL / VUL)	IUL		
7. Surrender Charge (Dollar amount)	\$ 4501.20	\$	\$
8. Lifetime Withdrawal Benefit	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
9. Other Riders	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
10. Rider Fees	\$ or %	\$ or %	\$ or %
11. Years Owned	5		
12. Guaranteed Interest Rate (Required for Fixed & Indexed)			
13. Current Fixed Rate (Required for Fixed & Indexed)			
14. Participation Rate / Cap (Required for Indexed)			
15. Death Benefit (Required for Life Insurance Only)	\$ 172897	\$	\$

Section V

I have reviewed and executed the Disclosure Form attached to the policy application, and provided the information on this form, or I have reviewed the information contained on it, and confirm that it is complete and accurate. I recognize that the insurer may review my transaction, but I have made my own determination that this policy and any riders are suitable and in my best interest.

SIGN HERE → Celia Burton
 Owner/Applicant's Signature

04-08-2019
 Date

SIGN HERE → _____
 Joint Owner's Signature

 Date

SIGN HERE → _____
 Annuitant's Signature (if different from Owner)

 Date

.....

Section VI

I recommended this annuity purchase or exchange because I believe it is suitable and in the best interest based upon the information given to me by the Owner/Applicant. I have reviewed the Disclosure Form with the Owner/Applicant, which discloses various features of the annuity (such as potential surrender periods and charges, potential charges for riders, etc.), and the customer has signed the Disclosure Form. If this is a replacement, I have discussed with the applicant any potential withdrawal/surrender charges which may be incurred on surrender of the policy, as well as any fees, charges or withdrawal/surrender period associated with the new policy.

I agree to maintain and make available upon request to the insurer or insurance commissioner, records of the information collected and other information used as the basis for this recommendation for at least 10 years after the insurer completed the recommended transaction. Any reproduction of the actual document may be used to maintain these records.

I acknowledge that it may be a regulatory violation to recommend the sale of a security without appropriate registration. I certify that I am in compliance with applicable law.

Did you provide investment advice or analysis and recommend the liquidation of a securities product (Variable Annuities, Mutual Funds, etc.) to purchase this annuity? (Other than providing assistance with suitability and transfer forms.) Yes No

If 'Yes', are you FINRA/SEC licensed? Yes No

If 'Yes', what Broker Dealer/Investment Advisor are you associated with? _____

I certify that if this sale is made on or after June 9, 2017 (and/or if I recommended to my customer that additional funds be deposited to their contract) and the transaction is subject to the Department of Labor Fiduciary Rule, I have relied upon an applicable Prohibited Transaction Exemption ("PTE"), such as PTE 84-24 or The Best Interest Contract Exemption.

SIGN HERE → 

Agent's Signature

04-08-2019
Date

Signature Certificate

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Document Signed By:

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