Lafayette Life Insurance Company

A member of Western & Southern Financial Group

ANNUITY FUNDS TRANSFER/BENEFICIARY IRA

OWNER INFORMATION (complete for external funds transfer)

Owner's Name _____ Social Security Number _____

Co-Owner's Name (If applicable) _____ Social Security Number _____

Address _____ Owner's Phone Number _____

City _____ State _____ Zip Code _____

TRANSFER FROM FINANCIAL INSTITUTION TO LAFAYETTE LIFE (complete ONLY if applicable)

Financial Institution

Company Name _____ Phone No. _____

Attention (Person or Department) _____

Company Address _____

City _____ State _____ Zip Code _____

TRANSFER INSTRUCTIONS:

Current Account Type:

- ☐ IRA
- ☐ Roth IRA
- ☐ Simple IRA
- ☐ Beneficiary IRA
- ☐ 401k
- ☐ 403b
- ☐ Pension Plan
- ☐ Profit Sharing

Forward Funds Account Type:

- ☐ IRA
- ☐ Roth IRA
- ☐ Beneficiary IRA
- ☐ 401k
- ☐ Pension Plan
- ☐ Profit Sharing
- ☐ Other _____

Asset Name	Quantity	Account Number
	☐ Full ☐ Partial $ / % _____	
	☐ Full ☐ Partial $ / % _____	
	☐ Full ☐ Partial $ / % _____	

☐ I am over 70 ½. Please do not include my required minimum distribution for the current calendar year in the transfer.

Letter of Acceptance by Lafayette Life:

Lafayette Life **AGREES TO ACCEPT** the transfer described above. Please liquidate all or part of the designated account(s) as instructed above. **To ensure proper crediting, please send check made payable to <u>The Lafayette Life Insurance Company</u> and a copy of this form to:**

The Lafayette Life Insurance Company
Attn.: Life and Annuity Center Reference Policy Number _____
P.O. Box 5740
Cincinnati, OH 45201-5740

The Lafayette Life Insurance Company

By: _____ Printed Name: _____

Title: _____

Date: _____ Phone Number: _____

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BENEFICIARY IRA (complete ONLY if applicable)

For those persons who are inheriting an IRA and who wish to have distributions based on life expectancy rather than receiving the IRA within a five year period, the following information below is provided. The annuity policy will remain in the name of the deceased owner but held for the benefit of the IRA beneficiary. The Owner and Annuitant on the application shall be:

_____ [name of deceased], deceased, IRA for the benefit of _____ [name of IRA beneficiary]. If there is more than one IRA beneficiary, required minimum distributions will be based on either the age of the deceased or on the age of the oldest beneficiary **UNLESS AN INHERITED IRA IS ESTABLISHED FOR EACH BENEFICIARY.**

DECEASED OWNER INFORMATION:

Deceased Owner: _____ Soc. Sec. No. (of Deceased Owner): _____

Deceased Owner's Date of Birth: _____ Deceased Owner's Date of Death: _____

Was the Deceased Owner taking required minimum distributions? [ ] Yes [ ] No If "Yes", was a distribution taken for the current year? [ ] Yes [ ] No

PLEASE PROVIDE A CERTIFIED COPY OF THE DECEASED OWNER'S DEATH CERTIFICATE WHICH LISTS BOTH THE CAUSE AND MANNER OF DEATH.

BENEFICIARY INFORMATION:

NOTE: Name, Address, Date of Birth and Age for the Beneficiary should be provided in the "Ownership" section of the application.

Beneficiary Name: _____ Soc. Sec. No. (of Beneficiary): _____

Beneficiary's Date of Birth: _____

Required minimum distributions must be taken from an IRA held for the benefit of the Beneficiary. Normally, such distributions are based on the age of the beneficiary, but exceptions may apply.

Based required minimum distributions on the age of: [ ] Beneficiary [ ] Deceased Owner (CHECK ONLY ONE)

NOTE: FAILURE TO TAKE AT LEAST THE REQUIRED MINIMUM DISTRIBUTION IN ANY YEAR MAY RESULT IN A TAX PENALTY.

Other Special Instructions:

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Acknowledgement, Representation and Agreement:

The undersigned hereby acknowledges that all information provided in this form complete, true and accurate. The undersigned further understands and acknowledges that The Lafayette Life Insurance Company ("Lafayette Life") is fully relying on the statements and representations made herein and the instructions or directions provided herein in processing the above request. By my (our) signature(s) below, I (we) hereby request that Lafayette Life take the action(s) as directed herein. I (we) have not received nor have I (we) relied upon any tax or other advice from Lafayette Life or from any of its agents, officers, employees, officers, directors, shareholders, reinsurers, affiliates, subsidiaries, parent companies, successors or assigns (hereafter collectively "Lafayette Life") and I (we) have had the opportunity to fully confer with our tax, legal and financial advisors. I (we) agree that I (we) are fully responsible for any and all tax consequences and tax liabilities which may flow from my (our) request as outlined above and that Lafayette Life has no liability whatsoever for any tax consequences or tax liabilities which may flow from this request. I (we) am (are) aware that I (we) am (are) solely responsible for the payment of Federal Income Tax on the taxable portion of any transfer and that I (we) may be subject to tax penalties under Estimated Tax Payment rules if my (our) payments of estimated tax and withholding, if any, are not adequate. I (we) am (are) aware of applicable surrender / withdrawal penalties which may apply to this request, and I (we) authorize the transactions described above with full knowledge and consent to such surrender/withdrawal penalties. I (we) represent and warrant that the contracts / accounts identified above are not subject to any lien or encumbrance, nor subject to any legal proceedings of any kind, including bankruptcy. I (we) represent and agree that Lafayette Life is furnishing this form and is participating in the requested transactions at the undersigned's specific request and as an accommodation to me (us) and that I (we) am (are) solely responsible, if applicable, for sending this form to the company transferring the funds. I (we) represent and agree that Lafayette Life has no responsibility nor liability for the validity of any transfer, or for the tax treatment thereof, or for any surrender charges, fees or penalties of any kind, if applicable, owed to the company transferring the funds, or, if applicable, for sending this form to the company transferring the funds. I (we) have been advised by Lafayette Life that I (we) should consult my (our) own tax advisors regarding the tax consequence of this transaction. If I (we) are directing that the funds be transferred internally, as a result of the payment of a claim, I (we) fully, finally and forever release and discharge Lafayette Life from any and all liability for the payment of death benefits to me (us) by Lafayette Life's transfer of such funds to a new annuity for my (our) benefit.

Owner's Signature	Date	Witness (Signature of Non-Relative Adult)	Signature Guarantee, if requested
Owner's Signature	Date	Witness (Signature of Non-Relative Adult)	
Beneficiary (if applicable for Beneficiary IRA) Signature	Date	Witness (Signature of Non-Relative Adult)	
Spouse Beneficiary (if applicable for Spouse Inherited IRA)	Date	Witness (Signature of Non-Relative Adult)	