**American Century Life Insurance Company**
1333 W McDermott Dr. #200
Allen, TX 75013
Phone (855) 966-1111
Fax (855) 855-0181

# ACCOUNT TRANSFER INSTRUCTIONS

| Policy/Account Owner | | Insurance Company/Trustee/Financial Institution | |
|---|---|---|---|
| Owner Name: | | Name: | |
| Joint Owner Name: | | | |
| Address: | | Address: | |
| City, State, Zip: | | City, State, Zip: | |
| SSN/Tax ID: | | Phone #: | |
| Annuitant Name: | | Account #: | |

## Transfer Instructions

Account Type: ☐ Annuity ☐ Life Insurance ☐ Certificate of Deposit ☐ Other: _____

Please transfer/exchange my existing account and process as requested:

☐ All or ☐ Partial $ _____

☐ Immediately or ☐ Upon maturity date of _____

☐ To new policy account or ☐ Existing policy # _____

## Non-Qualified Plans

☐ This transfer is for a non-qualified plan or account

For IRC§1035 exchanges, I assign and transfer to American Century Life Insurance Company (ACLIC) all rights and interests in the above policy/certificate for the sole purpose of effecting a tax-free transfer/exchange of the cash surrender value. This assignment shall not be effective until ACLIC accepts it in writing. If no exchange takes place, then this assignment becomes null and void. If this is a partial IRC§1035 exchange, information is requested with respect to the basis and gain on the account and will be provided to the IRS for tax reporting purposes.

## Qualified Plans

**Type of Transfer or Rollover:**
- ☐ Trustee-to-Trustee Transfer
- ☐ Conversion to Roth IRA
- ☐ Direct Rollover (Eligible Rollover Distribution)

**From Type of Plan:**
- ☐ IRA, SEP
- ☐ 403(b) TSA
- ☐ Roth IRA
- ☐ 401(k)
- ☐ Inherited IRA

**To Type of Plan:**
- ☐ IRA
- ☐ Roth IRA
- ☐ Inherited IRA

**Qualifying Event for Direct Rollover of Funds:**
- ☐ Age 59½
- ☐ Death
- ☐ Disability
- ☐ Plan Termination
- ☐ Severance of Employment
- ☐ Divorce

**Required Minimum Distribution (RMD) Information:**
- ☐ I am not required to make RMD or RMD already been made for the year
- ☐ Distribute my RMD to me before transferring my qualified funds
- ☐ Do NOT distribute my RMD before transferring my qualified funds. RMD has been or will be made from another account.

The Owner(s) hereby authorize the current financial institution to provide information necessary to complete the requested transfer to ACLIC

Please liquidate and transfer the funds referenced above to ACLIC. I represent that my account/policy/contract is not assigned or pledged as collateral and is not subject to any lien or legal proceeding of any kind, including bankruptcy or divorce. ACLIC is not responsible for any expense, tax effect or surrender charge that may result from of this transaction. Unless required by law, please do not withhold any taxes from the proceeds.

☐ I certify that my policy # _____ with _____ has been lost or destroyed.

| Owner Name | Signature | Date |
|---|---|---|
| Joint Owner/Spouse Name | Signature | Date |

Medallion Signature Guarantee

**To the prior Trustee:** American Century Life Insurance Company acknowledges that an application has been received from the owner referenced above and will accept the funds as requested for the credit of the owner.

| Print Name | Signature | Date |
|---|---|---|