Date



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## **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 Ce	rtificate of Deposit Other:
Please transfer/exchange my existing account and process as requested:	
All or Partial \$	
Immediately or Upon maturity date	e 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:	From Type of Plan: To Type of Plan:
Trustee-to-Trustee Transfer	IRA or SEP 403(b) TSA IRA
Conversion to Roth IRA	Roth IRA 401(k) Roth IRA
Direct Rollover (Eligible Rollover Distribution)	Inherited IRA Inherited IRA
Qualifying Event for Direct Rollover of Funds:  Age 59½  Death	Required Minimum Distribution (RMD) Information:  I am not required to make RMD or RMD already been made for the year
Age 59½ Death Disability Plan Termination	Distribute my RMD to me before transferring my qualified funds
Severance of Employment Divorce	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
<b>To the prior Trustee:</b> American Century Life Insurance Comp received from the owner referenced above and will accept the	• • • • • • • • • • • • • • • • • • • •

Signature

**Print Name**