

Transfer of Assets Authorization

INSURER

OM Financial Life Insurance Company

QUALIFIED TRANSFER OF ASSETS:

Trustee to Trustee Transfer – is a tax qualified transfer of funds from one Individual Retirement Plan Account or annuity policy to another Individual Retirement Account or annuity policy without the client recognizing income by actual or constructive receipt of the funds. The original trustee makes the check payable to the new trustee. The check is sent directly to the new trustee. There are no limitations on the number of transfers a client makes on an annual basis. Transfers are non-reportable events.

Direct rollover – a tax qualified direct rollover is the movement of funds from an employer's tax qualified employee retirement benefit plan directly to an Individual Retirement Account with a new trustee (Old Mutual). The client does not take actual or constructive receipt of the funds. The check is made payable to the new trustee (Old Mutual) and forwarded to the new trustee. Direct rollovers are reported to the IRS by the employee plan trustee and coded as a direct rollover. They are different than 60 day rollovers in that the IRS allows more than one direct rollover of employer plan distributions within a year. Direct rollovers are not subject to mandatory tax withholding.

STEPS FOR INITIATING A TRUSTEE TO TRUSTEE TRANSFER OR DIRECT ROLLOVER:

- 1) Complete a Variable Annuity Product application.
- 2) Complete the Qualified Assets Transfer/Rollover Form:
 - a. Fill in all applicable blanks with the information requested, indicating and checking the appropriate box to indicate a Trustee to Trustee transfer or Direct rollover.
 - b. Obtain all required signatures. A transfer or rollover can not be executed without the proper signatures.
- 3) Determine if a Replacement Form is needed – based on the client's state of residence, client may need to complete and/or sign a form indicating that he or she is replacing an existing contract. To determine if a state specific replacement form is needed please refer to your Replacement Summary sheet included on the inside front of the transfer kit.
- 4) Please be sure to date all paperwork and replacement forms along with the Variable Annuity Product Application.
- 5) Send the following to:

Street Address:

OM Financial Network Variable Annuity Service Center
PO Box 725049
Atlanta, GA 31139-2049

Overnight Address:

OM Financial Network Variable Annuity Service Center
6425 Powers Ferry Road, Suite 300
Atlanta, GA 30339

Checklist:

1. Original completed Qualified Assets Transfer/Rollover form.
2. Client's original policy contract or certificate. If the contract is lost or destroyed, client will need to complete the Lost Policy Affidavit form.
3. Original completed Replacement form.
4. Original completed Variable Annuity Product application.

Upon receipt of the completed paperwork Old Mutual Financial Network Annuity Service Center will forward the letter of acceptance, Absolute Assignment form and the client's original contract to client's existing financial institution. After receipt of client's existing insurance company/financial institution check for the surrender value of the original contract, the new annuity contract will be issued to the client.

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TRANSFER OF QUALIFIED ASSETS

I have established an IRA account. I hereby direct you to liquidate all assets within the account(s) listed above:

Immediately or at maturity date. This is a full or partial liquidation of \$ _____

I understand income tax penalties may result from this instruction, and I have been instructed to receive tax advice from my tax advisor prior to completing this transaction.

DIRECT ROLLOVER

I have established an IRA account to accept funds from my Traditional IRA, SEP, TSA, QRP, SIMPLE IRA or Governmental 457 Plan as allowed by the employer's plan.

Plan Name: _____ Contract #: _____

I hereby direct you to liquidate:

- All assets within the account(s) listed above immediately.*
- All assets within the account(s) listed above at maturity date shown.*
- Partial rollover of \$ _____ to be liquidated immediately.*
- Special instructions: _____

*Only eligible rollover assets should be sent as rollover to the address on the next page

The proceeds from this transaction are eligible for rollover treatment and are to be designated as a direct rollover contribution to my QRP to the extent allowed by the receiving individual plan documents. I understand that this designation as a rollover is irrevocable, and I have considered the tax consequences of a direct rollover as opposed to other tax treatment.

SIGNATURE(S)

Make proceeds check payable to:

OM Financial Life Insurance Company as custodian for [name of plan] FBO [account holder's name]

This transfer or direct rollover will be executed from fiduciary to fiduciary in such a manner that it will not place me in actual or constructive receipt of all or any part of the assets.

ACCOUNT HOLDER'S OR TRUSTEE'S SIGNATURE

X

DATE	HOME TELEPHONE NUMBER ()	BUSINESS TELEPHONE NUMBER ()		
ADDRESS	CITY	STATE	ZIP	

OM Financial Life Insurance Company Baltimore, MD