

Mutual Fund Transfer Authorization

INSURER

OM Financial Life Insurance Company

1. CONTRACT OWNER(S) INFORMATION

Contract Owner	Joint Contract Owner <i>(if any)</i>
Address	Address
City State Zip Code	City State Zip Code
Telephone Number	Telephone Number
Social Security Number	Social Security Number

2. MUTUAL FUND INFORMATION

Financial Institution/Mutual Fund	Account/Certificate Number
Address	Account/Certificate Owner Name
City State Zip Code	Owner Social Security Number/Tax ID Number
Telephone Number	Joint Owner Name <i>(if more than one owner)</i>
	Joint Owner Social Security Number /Tax ID Number <i>(if any)</i>

Please indicate the type of plan:

Non-Qualified or **Qualified**

A. At the existing financial institution this plan is a:

- | | |
|--|---|
| <input type="checkbox"/> IRA | <input type="checkbox"/> IRA Rollover |
| <input type="checkbox"/> Roth IRA Conversion | <input type="checkbox"/> Roth IRA Transfer <input type="checkbox"/> SEP-IRA |

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B. At Old Mutual Life Insurance Company this plan will be:

- IRA IRA Rollover
 Roth IRA Conversion Roth IRA

I(We) hereby request and direct the following action to be taken to transfer the proceeds of the account/certificate identified above.

Liquidate mutual fund account

(Attach copy of recent statement).

- All
 Part \$ _____
(indicate dollar amount)

Signature Guarantee required for mutual fund liquidations.

I(We) are aware that surrender/withdrawal penalties may apply to this liquidation and could create a taxable event. I(We) have been advised to contact m(/our) tax advisor. I(We) authorize the above liquidation and the transfer of the net proceeds to OM Financial Life Insurance Company. Please make check payable to: OM Financial Life Insurance Company, FBO (owner(s) name(s) from above), and send it to: OM Financial Life Insurance Company, Service Center, P.O. Box 725049, Atlanta, Georgia 31139-2049. The date these proceeds are received by OM Financial Life Insurance Company will be the issue date of the variable annuity contract I(we) have applied.

Contract Owner Signature	Date	Joint Contract Owner Signature (if any)	Date

TO COMPLETE THIS FORM:

- 1) Print clearly using blue or black ink. Provide requested information in full. An incomplete form may delay processing.
- 2) If an Attorney-In Fact is signing this form, please include an original or certified copy of the Power-of-Attorney documentation accompanied by a notarized sample signature for the Attorney-In-Fact. This additional documentation may be excluded if previously submitted to OM Financial Life Insurance Company.

WHERE TO SEND THIS FORM:

Street Address:

OM Financial Life Insurance Company
Service Center
P.O. Box 725049
Atlanta, GA 31139-2049

Overnight Address:

OM Financial Life Insurance Company
6425 Powers Ferry Road
Suite 300
Atlanta, GA 30339

By fax:

(770) 690-1967

FOR HELP OR QUESTIONS:

Contact your Registered Representative
or
OM Financial Life Insurance Company's
Customer Service Center at (866) 599-2760