

Traditional IRA to Roth IRA Conversion Authorization

INSURER

OM Financial Life Insurance Company

TRADITIONAL IRA INFORMATION

Owner

Policy Number to Convert

Social Security Number

Effective _____ (date), I hereby request OM Financial Life Insurance Company to roll over the account value (less any amounts withheld for federal and/or state income taxes if elected below) of the above referenced traditional IRA policy(ies) to a Roth IRA as described in section 408A of the Internal Revenue Code.

I understand that:

- The conversion of my traditional IRA to a Roth IRA is subject to income tax, and OM Financial Life Insurance Company will send me a 1099 at the end of the year showing the taxable amount resulting from the conversion. I understand OM Financial Life Insurance Company does not offer tax advice and have consulted with a financial or tax advisor
- Eligibility to convert a traditional IRA to a Roth IRA is limited to individuals and joint filers whose adjusted gross income is not more than \$100,000.
- Amounts converted must remain in the Roth IRA for a five (5) year period from the year of the conversion to receive favorable tax treatment on distributions.
- I am responsible for keeping track of contributions made to my Roth IRA for purposes of determining the taxable portion of any distribution.
- To improve record keeping and to avoid adverse tax consequences, a conversion Roth IRA (traditional IRA converted to Roth IRA) should be kept in a separate policy from new Roth IRA contributions. Therefore, if I wish to make ongoing Roth IRA contributions, I need to complete an application for a new variable annuity policy.

NOTICE OF WITHHOLDING (Must be completed)

Federal Income Tax Withholding – We will withhold federal income taxes from your annuity distribution unless you elect not to have any withholding and provide your social security number or taxpayer identification number.

State Income Tax Withholding – State law regarding withholding state income taxes varies. Some states allow us to follow your federal income tax withholding instructions, but others require us to withhold. In states where withholding is voluntary we do not withhold state income taxes.

Any tax withholding election you make will remain in effect until you revoke it and you may revoke it at anytime.

If you elect not to have withholding apply to the distribution or do not have enough withheld you may be responsible for payment of estimated taxes. You may incur tax penalties if you elect not to have withholding apply and do not pay sufficient taxes. The Internal Revenue Service may impose tax penalties for distributions prior to age 59 ½. Please consult a tax advisor regarding your specific situation and then make your election.

FEDERAL TAX	STATE TAX
<input type="checkbox"/> DO NOT withhold Federal Income Tax <input type="checkbox"/> Withhold Federal Income Tax (The maximum amount may not exceed 50% of the taxable amount)	<input type="checkbox"/> DO NOT withhold State Income Tax <input type="checkbox"/> Withhold State income tax (Certain states allow you to specify the amount of state withholding. If applicable, please specify the amount of state withholding desired \$ _____ or % ____).

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The taxable portion of the amount converted is subject to federal income tax withholding (and state withholding where applicable) unless you elect not to have a withholding applied by checking the appropriate box below. I understand that regardless of the election made here, I am obliged to pay income tax on the taxable portion of the amount converted. I understand I may incur penalties under the estimated tax rules of my withholding and estimated tax payments if not sufficient. My estimate election regarding withholding may be changed at any time.

By my signature below, I represent that I have read and understand the above provisions and those outlined in OM Financial Life Insurance Company's Roth IRA Disclosure Statement. Under the penalties of perjury, I certify that my Social Security/Taxpayer identification number on this form is correct, that I am a U.S. person (U.S. citizen or resident alien). The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Owner Signature	Witness Signature
Date	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