Vantis Life Insurance Company

PO Box 310 Millville NJ 08332-0310

P: 1-866-826-8471 ■ www.VantisLife.com

TAX FREE TRANSFER REQUEST FORM

- ⇒ For Non-qualified 1035 Exchanges
- **⇒** FOR QUALIFIED TRANSFERS AND ROLLOVERS

٠	INFORMATION	AND	Instructions	
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- The new Vantis Life contract must be entitled exactly the same, i.e. Annuitant(s)/Owner(s), as the existing contract. All Owners MUST SIGN the Tax Free Transfer Request Form.
- ✓ Complete a different Tax Free Transfer Request Form for each contract that is being replaced.
- ✓ An <u>original</u> application must accompany the Tax Free Transfer Request Form

Please Note: The new VantisLife application <u>must be dated</u> the same date as the Tax Free Transfer Request Form.

✓ For Qualified Tax Free Exchanges:

Vantis Life does not currently accept Simple Plans or Qualified Retirement Plans unless converting to an Individual Retirement Annuity(IRA).

• GENERAL INFORMATION				
Name of Annuitant:		Social Security #:		
Name of Joint Annuitant:		Social Security #: ————		
Name of Owner:		Social Security #:		
Name of Joint Owner (If Applicable):		Social Security #:		
CONTRACT INFORMATION				
Current Trustee/Issuer Name:				
Current Trustee/Issuer Address:		E II OLI AAAA		
		Full Street Address		
	City	State	Zip	
Current Contract/Account Number:				
The Contract is: (Check One) □ Enclosed □ Lost or Destroyed ◆ Type of Transfer	I certify that the contrac	rt is lost or destroyed. Additionally, I certify that the contract ha	as not been assigned or pledged as	collateral.
	35 Evchange - Annly pro	ceeds to Existing Contract number (If Allowed):		
J	0 1177	eccus to Existing Contract number (if Allowed).		
Non-Qualified, 1035 Exchange Qualified, From: ☐ IRA ☐ SEP ☐ Simple □	□ Pension/Profit Sharir	ng Plan Other Qualified Retirement Plan		
Important Note: Vantis Life currently consequences.	does not accept funds	into any plan other than a Traditional IRA. Refer to you	r Financial Advisor for any possil	ole tax
If Qualified, Indicate One of the following:				
☐ Direct Rollover (UCA-92) ☐	Indirect Rollover	☐ Trustee to Trustee Direct Transfer (Including R	lev. Ruling 90-24)	

Current Estimated Value of Contract \$									
(Must Be Completed)									
Transfer all the assets in my contract (Required for Non-Qual	• ,								
Partial transfer of assets (Qualified Plans only) in the amoun	nt of \$								
☐ Transfer immediately ☐ Transfer assets on:	(Date <u>MUST</u> be within 30 Days)								
Important Note for Qualified Accounts: If you are age 70 1/2 or older this year, prior to effecting this transfer you may want to instruct your present trustee/custodian to either (1) pay your Required Minimum Distribution for distribution later this calendar year. SUBMIT FORM ANNO110 - IR ANNUITY REQUIRED ELECTIONS FORM									
• DISCLOSURES AND SIGNATURES									
	the transfer or rollover to Vantis Life Insurance Company(Vantis Life) as sponsor, issue Company to establish an account for the purpose of this transaction. I further agree that withdrawal charges or fees of any kind owed the current company.								
effecting an exchange under Section 1035 of the Internal Revenue Code, as ame subject to any legal proceedings of any kind, including bankruptcy. I further agree withdrawal charges or fees of any kind owed the current company.	e Company (Vantis Life), all rights, interests and benefits in the current Contract for the ended. I represent and warrant that the current Contract is not subject to any lien or endet that VantisLife is not responsible for the tax treatment of this matter and that I am responsible the transfer, exchange, or rollover. Please do not withhold any amount for taxes from the tax treatment of this matter.	cumbrance, nor is it ponsible for any							
X Simulature of Ourses	X Signature of Joint Own on (Paguined)	Date							
Signature of Owner	Signature of Joint Owner (Required)	Date							
	/\c^^\								
X Signature of Other Authorized Individual	As**: Power of Attorney Conservator Irrevocabl **Certified Copy of Appointment and Photo I.D. are re	e Beneficiary							
	**Certified Copy of Appointment and Photo I.D. are re	e Beneficiary							
		e Beneficiary							
Signature of Other Authorized Individual NAME OF	**Certified Copy of Appointment and Photo I.D. are re	e Beneficiary quired.							
Signature of Other Authorized Individual NAME OF AGENCY/BANK	**Certified Copy of Appointment and Photo I.D. are re	e Beneficiary quired.							
Signature of Other Authorized Individual NAME OF AGENCY/BANK • ACCEPTANCE (BY HOME OFFICE) This is to certify that the above individual has established a: Tax-qualified Vantis Life Insurance Company (Vantis Life) acknowledges that an application has liquidation of the above referenced Contract. Vantis Life is willing to accept the 10 withhold any amount for taxes from the proceeds. Make the check payable to:	**Certified Copy of Appointment and Photo I.D. are re INTERNAL USE ONLY AGENCY/BANK # PRODUCER # Nonqualified annuity Contract Number: s been received from the Owner(s) or Participant to establish an account for this transa 035 Exchange, transfer, or rollover shown to be credited to the account of the Owner(s)	BRANCH #							
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