



**IAP/IAA Service Center**  
 Attn: Customer Service  
 P.O. Box 19009  
 Greenville, SC 29602-9009  
 Tel: (866)363-3290 Fax: (866)368-0095

# Tax Qualified Transfer Request

Print using dark ink

Check One:

- Industrial Alliance Pacific Insurance and Financial Services Inc. (IAP)
- (DBA in CA as Industrial-Alliance Pacific Life Insurance Company, United States Branch)
- (DBA in OR as Industrial-Alliance Pacific Life insurance Company)

## A. IDENTITY OF INDIVIDUAL REQUESTING THE TRANSFER

Please print clearly in all CAPITAL LETTERS using black ink.

Name: \_\_\_\_\_ New contract # \_\_\_\_\_

Address line 1: \_\_\_\_\_ SSN/Tax ID: \_\_\_\_\_

Address line 2: \_\_\_\_\_ Date of birth: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

The requesting individual is (check one):

- The owner, employee, or former employee for whose benefit the transferor arrangement was established and maintained.
- The surviving spouse of the deceased owner, employee, or former employee. If so, please provide the following:
  - (1) The date of birth of the owner, employee, or former employee: \_\_\_\_\_
  - (2) The date of death of the owner, employee, or former employee: \_\_\_\_\_
- A non-spouse beneficiary of the deceased owner, employee, or former employee. If so, please provide the following:
  - (1) The date of birth of the owner, employee, or former employee: \_\_\_\_\_
  - (2) The date of death of the owner, employee, or former employee: \_\_\_\_\_

## B. TYPE OF TRANSFER (check which is applicable)

Please note that Industrial Alliance Pacific Insurance and Financial Services Inc. may not provide you with tax advice. Before requesting one of the following types of transfers, you should consult your tax advisor about the consequences of making the transfer.

- Into a **TRADITIONAL IRA** annuity contract (check one):
  - From a **TRADITIONAL IRA** or **SEP IRA** in a trustee-to-trustee transfer
  - From a **SIMPLE IRA** in a rollover made after the 2-year period beginning on the day contributions are first deposited in the SIMPLE IRA by the individual's employer
  - From a **SECTION 401(a) QUALIFIED TRUST, 401k, SECTION 403(a) ANNUITY PLAN, SECTION 403(b) ANNUITY CONTRACT, SECTION 403(b)(7) CUSTODIAL ACCOUNT, or GOVERNMENTAL SECTION 457(b) PLAN** in an eligible rollover distribution
- Into a **ROTH IRA** annuity contract (check one):
  - From a **ROTH IRA** in a trustee-to-trustee transfer
  - From a **DESIGNATED ROTH ACCOUNT** in a qualified rollover
  - From a **TRADITIONAL IRA** or **SEP IRA** in a qualified rollover
  - From a **SIMPLE IRA** in a qualified rollover made after the 2-year period beginning on the day contributions are first deposited in the SIMPLE IRA by the individual's employer
  - From a **SECTION 401(a) QUALIFIED TRUST, 401k, SECTION 403(a) ANNUITY PLAN, SECTION 403(b) ANNUITY CONTRACT, SECTION 403(b)(7) CUSTODIAL ACCOUNT, or GOVERNMENTAL SECTION 457(b) PLAN** in a qualified rollover
- Into a **GOVERNMENTAL SECTION 457(b) ANNUITY CONTRACT** (check one):
  - In a trustee-to-trustee transfer from a **GOVERNMENTAL SECTION 457(b) CONTRACT OR CUSTODIAL ACCOUNT** under the same governmental section 457(b) plan
  - From a **SIMPLE IRA** in a rollover made after the 2-year period beginning on the day contributions are first deposited in the SIMPLE IRA by the individual's employer
  - From a **SECTION 401(a) QUALIFIED TRUST, 401k, SECTION 403(a) ANNUITY PLAN, SECTION 403(b) ANNUITY CONTRACT, SECTION 403(b)(7) CUSTODIAL ACCOUNT, TRADITIONAL IRA, or SEP IRA** in an eligible rollover distribution

**B. TYPE OF TRANSFER (continued)**

**PRE-TAX FUNDS ONLY.** We will not accept amounts transferred into a governmental section 457(b) annuity contract if the amounts transferred include any after-tax contributions.

- Into a **SECTION 403(b) ANNUITY CONTRACT** (check one):
  - From a **TRADITIONAL IRA** or **SEP IRA** in a rollover
  - From a **SIMPLE IRA** in a rollover made after the 2-year period beginning on the day contributions are first deposited in the SIMPLE IRA by the individual's employer
  - From a **SECTION 401(a) QUALIFIED TRUST, 401k, SECTION 403(a) ANNUITY PLAN, or GOVERNMENTAL SECTION 457(b) PLAN** in an eligible rollover distribution
  - From a **SECTION 403(b) ANNUITY CONTRACT OR SECTION 403(b)(7) CUSTODIAL ACCOUNT** in an exchange or plan-to-plan transfer
  - From a **SECTION 403(b) ANNUITY CONTRACT OR SECTION 403(b)(7) CUSTODIAL ACCOUNT** in an eligible rollover distribution that is permitted under section 403(b) of the Internal Revenue Code (IRC).

**NON-ERISA FUNDS ONLY.** The section 403(b) annuity contract will not be subject to the requirements of the Employee Retirement Income Security Act of 1974, as amended (ERISA). Hence, we will not accept amounts transferred into a section 403(b) annuity contract if the amounts transferred include funds which are subject to ERISA.

Other (explain): \_\_\_\_\_

**ROLLOVER RESTRICTIONS.** Please be aware that federal income tax law permits several of the types of rollovers identified above only (1) when the employee attains age 59½, has a severance from employment, dies, becomes disabled, (2) in the case of hardship, (3) for a "qualified reservist distribution" within the meaning of IRC section 72(t)(2)(G), or (4) in certain circumstances, upon the prior occurrence of some event (e.g., after a fixed number of years or the attainment of a stated age). In addition, it is possible that the transferor arrangement might impose even more stringent restrictions on the ability to make a rollover.

- The policy/contract being replaced is attached.
- The policy/contract being replaced is lost or destroyed, not in anyone else's possession, and if found, will be returned to the issuing company.

**C. ISSUER, TRUSTEE, CUSTODIAN, OR PROVIDER OF TRANSFERRED ARRANGEMENT**

Name: \_\_\_\_\_ Current contract/account# \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

Plan Name (for section 403(b) or governmental section 457(b) annuity contracts, provide the name of the plan under which the contract is currently held): \_\_\_\_\_

**D. SECTION 403(b) OR GOVERNMENTAL SECTION 457(b) ANNUITY CONTRACT**

**PART I. TRANSFEREE PLAN INFORMATION**

Provide information about the plan under which the contract will be held:

Plan Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

**PART II. INDIVIDUAL AUTHORIZATION**

I hereby authorize Industrial Alliance Pacific Insurance and Financial Services Inc. to from time to time exchange with the employer maintaining the plan under which the contract is held (including the plan administrator or other delegate of the employer) information necessary for the contract or any other contract to which contributions have been made by the employer, to satisfy IRC section 403(b) or section 457(b), whichever is applicable, or other tax requirements.

**Signature of requesting individual:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_

**Signature of witness:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_

**PART III. TRANSFEREE PLAN AUTHORIZATION (If required by the current employer maintaining the section 403(b) plan or section 457(b) governmental plan, whichever is applicable, or the plan sponsor of the plan under which the contract will be held)**

I hereby certify that the transfer identified above in Section B is to an annuity contract held under the plan identified in Part I above, and that the transfer is permitted under the plan.

**Authorized Signature:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_

**Print name:** \_\_\_\_\_

**Print title:** \_\_\_\_\_

**PART IV. TRANSFEROR ARRANGEMENT AUTHORIZATION (If required by the prior employer or plan sponsor, issuer, trustee, custodian, or provider, whichever is applicable, of the arrangement from which the transfer identified above in Section B is being made)**

I hereby certify that the transfer identified above in Section B is from an arrangement that is a section 401(a) qualified trust, section 403(a) annuity plan, section 403(b) annuity contract, section 403(b)(7) custodial account, Section 457(b) plan, traditional IRA, or SEP IRA, whichever is applicable, and that the transfer is permitted under the arrangement.

**Authorized Signature:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_

**Print name:** \_\_\_\_\_

**Print title:** \_\_\_\_\_

**E. AMOUNTS TO BE TRANSFERRED (check one)**

- Transfer the entire cash surrender value
- A Transfer partial cash surrender value totaling \$ \_\_\_\_\_ or \_\_\_\_\_% of my cash surrender value
- All funds not subject to a surrender charge

**NO LOAN AMOUNTS.** We will not accept transfers of any amount of a loan outstanding from another arrangement.

**F. REQUIRED MINIMUM DISTRIBUTIONS (check one)**

- No portion of the amount to be transferred will be a required minimum distribution under IRC section 401(a)(9) of the Internal Revenue Code (RMD).
- A portion of the amount to be transferred in a **trustee-to-trustee transfer** will be an RMD, and I will instruct Industrial Alliance Pacific Insurance and Financial Services Inc., in the time and manner required by the company, as to the timing and the amount of the RMD that is to be distributed from the transferee annuity contract.

**G. SIGNATURE OF INDIVIDUAL REQUESTING THE TRANSFER**

I hereby authorize the requested transfer identified above in Section B, and represent that I have reviewed the information provided herein and that it is true, accurate, and complete.

**Signature of requesting individual:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_

**Spouse's signature:** \_\_\_\_\_ **Date Signed:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
(If residing in a Community Property State) MM DD YYYY

**Spouse's name:** \_\_\_\_\_  
(Please print clearly)

**Signature of witness:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_

**H. ACCEPTANCE BY INDUSTRIAL ALLIANCE PACIFIC INSURANCE AND FINANCIAL SERVICES INC.**

Industrial Alliance Pacific Insurance and Financial Services Inc. accepts the transfer indicated above and agrees to administer the above referenced annuity contract to which the transfer is applied in accordance with the applicable requirements of the IRC.

**Signature of authorized Company official:** \_\_\_\_\_ 

**Title:** Executive Vice President, US Development

**I. PAYMENT INSTRUCTIONS**

The issuer, trustee, custodian, or plan administrator identified in Section B is requested to make a direct payment on my behalf by a check payable to:

**Industrial Alliance Pacific Insurance and Financial Services Inc.**

**FBO** \_\_\_\_\_

**P.O. Box 19009, Greenville, SC 29602-9009**

Please indicate the new contract number noted in Section A on the check.