JEFFERSON NATIONAL LIFE INSURANCE COMPANY *("The Company")*
P.O. Box 36750
Louisville, Kentucky 40233
Fax: 1-866-667-0563

For Overnight Delivery: 9920 Corporate Campus Drive
Suite 1000
Louisville, KY 40223

JEFFERSON NATIONAL®

AUTHORIZATION TO TRANSFER FUNDS

List Releasing Company Information Below

Company that Issued Contract	Contract #	Phone
Street Address of Surrendering Company	City	State Zip
Owner's Name	Owner's SS#	
Joint Owner's Name	Joint Owner's SS#	
Insured/Annuitant's Name	Insured/Annuitant's SS#	

ACCOUNT TYPE

Qualified

☐ IRA ☐ SEP IRA
☐ Roth IRA ☐ Simple IRA
☐ 401(k) ☐ 403(b)
☐ Other _____

Non-Qualified

☐ Annuity ☐ Life Ins. Policy
☐ CD ☐ Mutual Fund
☐ Other _____

I hereby request and direct that the following action be taken in order to transfer the account or contract funds identified above.

1. **Life or annuity contract (Non-qualified) absolute assignment to effect Section 1035 exchange.** Full or partial surrender of my life insurance policy or annuity contract for the purchase of another annuity contract under Section 1035(a) of Internal Revenue Code.

   ☐ **Full Exchange** ☐ **Partial Exchange in the amount of $ _____ or _____%**

   For the purpose of this 1035 exchange, I, the undersigned owner of the contract(s) hereby assign, transfer, and set over absolutely, all right, title and interest in all or part of the above-named contract(s) to Jefferson National at the address shown above. The sole beneficiary and payee of all amounts payable on the contract(s) shall be Jefferson National. I am aware of, and specifically authorize and approve of Jefferson National's intent to request the full and complete surrender of the listed contract(s) and that the cash surrender value will be applied as premium on a new contract upon receipt from the surrendering company. Jefferson National assumes no liability for any delay by the surrendering company in processing the assignment of ownership, the request for surrender, or the payment of the cash surrender value(s). I understand that the contract value and terms of the above identified contract may differ substantially from those in the contract issued by Jefferson National.

   COST BASIS REQUESTED: Include report of allocated tax cost basis, including pre and post TEFRA contract cost basis.

2. **Qualified contract, IRA, ROTH IRA or 403(b) transfer.** I, the undersigned owner of the contract(s) have established a contract **of the same type** with Jefferson National, and I elect to surrender all or part of my contract's net cash value. I request that you directly transfer the cash proceeds to Jefferson National as a non-taxable transfer. **If minimum distribution is required for current year, please process prior to transfer.**

   ☐ **Total Surrender** ☐ **Partial Transfer in the amount of $ _____ or _____%**

3. **Direct Rollover.** Under provisions of Public Law 102-318, I elect to receive an eligible distribution as a Direct Rollover to an IRA account. **If minimum distribution is required, please process prior to transfer.**

   ☐ **Total Direct Rollover** ☐ **Partial Direct Rollover in the amount of $ _____ or _____%**

   This is an eligible distribution because of

   ☐ Plan Terminated by Employer ☐ Permanently Disabled ☐ Death of Plan Participant/Spousal Rollover
   ☐ Age 59 ½ or older ☐ Termination of Employment/Retirement

   NOTE: Plans that include employer contributions require spousal consent. ***(Form provided by Employer)***

4. **Conversion of a Traditional IRA to a Roth IRA.** I am aware that a conversion is a taxable event and will be reported to the IRS. Such conversion is not subject to premature withdrawal penalty tax.

   ☐ **Total Conversion** ☐ **Partial Conversion in the amount of $ _____ or _____%**

5. **Certificate of Deposit.** I am aware of any penalty that may be imposed from an early withdrawal.

   ☐ **Liquidate CD upon receipt of this request.** ☐ **Liquidate CD on the maturity date: _____**

6. **Mutual Fund Account.** *(Signature Guarantee Required)*

   ☐ **Liquidate entire account.** *(Attach copy of recent statement).* ☐ **Partial Liquidation in the amount of $_____ or _____%**

7. ☐ **Original Contract Enclosed** ☐ **Original Contract Lost/Destroyed.** I certify that contract has not been assigned or pledged as collateral.

Acknowledgement, representation and agreement:

I am aware that I am responsible for payment of Federal Income Tax on the Taxable portion of this surrender/transfer and that I may be subject to tax penalties under Estimated Tax Payment rules if my payments of estimated tax and withholding, if any, are not adequate. I am aware of any surrender/withdrawal penalties that may apply in authorizing the transaction described above. I represent and warrant that the contract/account identified above is not subject to any lien or encumbrance, nor is it subject to any legal proceedings of any kind, including bankruptcy. I represent and agree that Jefferson National is furnishing this form and participating in this transaction at my specific request and as an accommodation to me. I represent and agree that Jefferson National has no responsibility nor liability for the validity of this assignment or for my tax treatment under Internal Revenue Code Section 1035 or otherwise, or for any surrender charges or fees of any kind owed to the surrendering/transfer company.

Owner's Signature	Date	Signature Guarantee, if required
Joint Owner's Signature	Date	Signature Guarantee, if required

For Jefferson National Use Only – Acceptance. Jefferson National certifies that the above individual has established a:

☐ **Tax Qualified Annuity** *(check one)* ☐ IRA ☐ SEP IRA ☐ Roth IRA ☐ Simple IRA ☐ 401(k) ☐ 403(b) ☐ Other_____

☐ **Non-Qualified Annuity**

The authorized signature below certifies acceptance of the assignment and transfer of funds as instructed in this request. After deducting any sums as are permitted under the contract, please complete this transaction and send a check made payable to Jefferson National.

Pending Annuity Contract Number

The foregoing Assignment is accepted on behalf of Jefferson National, as Assignee, by:

Jefferson National Authorized Signature | Title | Date