

AUTHORIZATION TO TRANSFER FUNDS TO:
EMPLOYEES LIFE COMPANY (MUTUAL)
916 Sherwood Drive Lake Bluff, IL 60044-2285

1. FUNDS COMING FROM:

Institution Name _____

Address _____

City _____ State _____ Zip Code _____

Institution Phone Number _____

Insured/Annuitant _____ Soc. Sec. No. _____

Owner(s) _____ Soc. Sec. No. _____

Address _____

City _____ State _____ Zip Code _____

Acct./Contract No. _____ Acct./Plan Type _____

The undersigned hereby requests and directs that the following action be taken in order to transfer the account/policy funds identified above:

2. ASSIGNMENT.

- ABSOLUTE ASSIGNMENT: The owner of the above insurance contract hereby assigns all ownership and beneficial rights under the contract absolutely to the following assignee:

ASSIGNEE: Employees Life Company (Mutual) ID NUMBER: 36-2123818

All previous designations of beneficiary and payee, and all previous elections of payment options under the contract(s) are irrevocably transferred. The sole beneficiary and payee of all amounts payable on the contract(s) shall be the above-named assignee. The assignment is subject to any prior collateral assignments affecting the contract(s).

3. CERTIFICATE OF DEPOSIT.

- LIQUIDATE CERTIFICATE OF DEPOSIT: Upon receipt of this request. I am aware of any penalty to be imposed from an early withdrawal.
- LIQUIDATE CERTIFICATE OF DEPOSIT: On the maturity date.
- Amount to be transferred (if not total) \$ _____

4. MUTUAL FUND/MONEY MARKET ACCOUNT.

- LIQUIDATE MUTUAL FUND/MONEY MARKET ACCOUNT (Attach copy of recent statement.)
- Amount to be transferred (if not total) \$ _____

5. ANNUITY CONTRACT.

- 1035 tax-free exchange. (Surrender of a non-qualified annuity contract for the purchase of another non-qualified contract under Section 1035 of the Internal Revenue Code.)
- Direct transfer/rollover. (Surrender of a qualified annuity contract, established under Section 401 or 408 of the Internal Revenue Code, for reinvestment in a qualified annuity contract established under the same section of the Internal Revenue Code.)

6. INDIVIDUAL RETIREMENT ACCOUNT.

- LIQUIDATE IRA: Upon receipt of this request. I am aware of any penalty to be imposed from an early withdrawal.
- Amount to be transferred (if not total) \$ _____

7. LIFE CONTRACT.

- 1035 tax-free exchange. (Surrender of a life insurance contract for the purchase of another contract under Section 1035 of the Internal Revenue Code.)
- The undersigned as owner of the above numbered contract elects to surrender said contract for its net cash value and directs the transferring company to make payment to the named assignee.

8. LOST CONTRACT STATEMENT.

- CERTIFICATE OF LOST CONTRACT. I/We certify that the above numbered contract has been lost or destroyed and, to the best of my/our knowledge and belief, is not in anyone's possession.

Owner's Signature(s) _____

9. COST BASIS.

- COST BASIS REQUESTED. In accordance with the Tax Equity and Fiscal Responsibility Act of 1982, please submit a cost basis to the assignee.

10. I am aware of any surrender/withdrawal penalties which may apply, and I hereby authorize the transaction described above. I am also aware that I am responsible for payment of Federal Income Tax on any taxable portion of this surrender and that I may be subject to tax penalties under Estimated Tax Payment rules if my payments of any estimated tax and withholding are not adequate. **Please make check payable to:**

EMPLOYEES LIFE COMPANY (MUTUAL) FBO: _____
(Owner)

Dated at _____ this _____ day of _____, _____

Witness _____ Signature _____
(Owner)

Witness _____ Signature _____
(Owner)

Signature _____
(Spouse)

(Signature Guarantee -- if required)

If you reside in one of the following community property states, the spouse must sign: AZ, CA, ID, LA, NM, NV, TX, WA, and WI.

11. ACCEPTANCE. This is to certify that the above individual has established a:

- Tax-qualified annuity
- Non-qualified annuity
- Life Contract

The authorized signature below certifies acceptance of the assignment and surrender or transfer of funds as instructed in this request. After deducting any sum as is permitted under the plan, please complete this transaction and send a check with a copy of this form to:

Issuer/Assignee: EMPLOYEES LIFE COMPANY (MUTUAL)

By _____
(Authorized Signature/Title)

(Date)