

Cover Letter and Instructions for IRA Transfer Forms Package

Enclosed please find a Transfer Form Request Acceptance Letter (pg 1), and a Transfer Request for Tax-Qualified Accounts Tax Free Exchange (pg 2).

- 1) Please enter your name and annuity # in the appropriate spaces on the Transfer Form Request (pg1).
- Please complete the Transfer Request For Tax-Qualified Accounts Tax Free Exchange (pg 2), inserting the name and address of the institution presently holding your qualified account, your current account number and type, and the amount you wish to transfer. Sign and date this form.
- 3) After completing and signing these forms, return both of the forms to the FCSLA Life Home Office using the BLUE return envelope, or clearly mark your envelope "Attn: Annuity Dept.".

Please note: It is the responsibility of the member to follow-up with the current fund holder regarding the status of the transferred funds.

If you have any questions, please call our toll-free number at 1-800-464-4642, ext. 1065 and speak with the personnel in our Annuity Department.

Fraternally yours,

FCSLA Life Annuity Dept.

Enclosures



TRANSFER FORM REQUEST (Qualified) (page 1)

RE:

Proposed Annuitant / Owner

Please be advised that FCSLA Life will accept transfer monies

FOR THE BENEFIT OF: ______ and will transfer it to the Proposed Annuitant / Owner

ACCOUNT NUMBER:

Annuity Number

Please make the check payable to FCSLA Life for the benefit of

and send it to the following address:

Proposed Annuitant / Owner

FCSLA Life Attn: Annuity Department 24950 Chagrin Boulevard Beachwood, OH 44122

Please! Return a copy of the completed Transfer Request for Qualified Accounts – Tax Free Exchange with the transfer check.

If you have any questions, please call 1-800-464-4642 ext. 1022 and 1024 and speak with the personnel in our annuity department.

Sincerely,

Frank L. Rando Interim National Treasurer

FLR

Enc.



Attn Current Fund Holder: Please return a copy of this completed form with the Transfer Check.

TRANSFER REQUEST FOR TAX-QUALIFIED ACCOUNTS TAX FREE EXCHANGE (page 2)

TO:				
	NAME OF THE PRESE	NT INSTITUTION		
	ADDRESS OF THE PR	ESENT INSTITUTION	1	
SUBJECT:	NAME OF PROPOSED	ANNUITANT / OWNE	ER	
	PRESENT INSTITUTIO	ON ACCT #		
		_ IRAROTH _ Qualified Pension Plat _Other (please describe)	in	
Please liquida	ate and transfer:			
	The	entire balance in the	above listed account	
	Spec			
The funds wi	ll be deposited into my	FCSLA Life policy	y #Annuity Number	_
This policy h	as been established as:			
	_IRA	Roth IRA	SEP	
distribution (M			his year, I must take the minimum re he current trustee or will be taken by	
	nat any stocks and /or sec a deposit to my annuity.	urities must be liquidat	ted because FCSLA Life cannot acce	pt non-
Proposed Annui	tant/ Owner Signature	Date	Printed Name	
Please note th		transfer can only occ lification, e.g. IRA to	cur between accounts of the o IRA.	

24950 Chagrin Blvd. | Beachwood, Ohio 44122 216.464.8015 Office | 216.464.9260 fax | 800.464.4642 www.fcsla.com