

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