

## **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).
- 2) 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	<del></del>	
Please be advised that FCSL	A Life will accept tran	sfer monies
FOR THE BENEFIT OF: _	Proposed Annuitant / Owner	and will transfer it to the
ACCOUNT NUMBER: _	Annuity Number	
Please make the check payable	to FCSLA Life for the be	enefit of
Proposed Annuitant / Owner	and send it to the follow	wing address:
FCSLA Life Attn: Annuity Department 24950 Chagrin Boulevard Beachwood, OH 44122  Please! Return a copy of the c Free Exchange with the transfe		est for Qualified Accounts – Tax
If you have any questions, please personnel in our annuity departm		1022 and 1024 and speak with the
Sincerely,		
Stuart L. Collins National Treasurer		
SLC		
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:					
20.	NAME OF THE PRESE	ENT INSTITUTION	1	<del></del>	
	ADDRESS OF THE PR	ESENT INSTITUT	TON		
SUBJECT:	NAME OF PROPOSED	) ANNUITANT / O	WNER		
	PRESENT INSTITUTION	ON ACCT#			
		IRAROTI Qualified Pension Other (please description)	n Plan	(k)SEP	
Please liquida	ate and transfer:				
	The	entire balance in	the above	listed account	
	Spec	cified amount yo	u wish to tr	ransfer.	
The funds wil	ll be deposited into m	y FCSLA Life p	olicy#	Annuity Number	
This policy ha	as been established as	:			
	IRA	Roth IRA	SI	EP	
distribution (M				, I must take the minimum nt trustee or will be taken l	
	nat any stocks and /or sec a deposit to my annuity.		uidated beca	ause FCSLA Life cannot ac	cept non
Proposed Annui	tant/ Owner Signature	Date	- Pri	inted Name	

Please note that a trustee-to-trustee transfer can only occur between accounts of the same tax qualification, e.g. IRA to IRA.