



TRANSFER REQUEST [page 1]

Date: _____

RE: _____

Please be advised that FCSLA Life will accept transfer monies

FOR THE BENEFIT OF: _____

and will transfer it to the ACCOUNT NUMBER: _____

Be advised also that _____ is the Annuitant and the Sole Owner of annuity account number _____.

Make the check payable to FCSLA Life for the benefit of _____ and send it to the following address:

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

If you have any questions, please call 1-800-464-4642 ext. 1065 and speak with the personnel in our annuity department.

Sincerely,

Date _____

Frank L. Rando
Interim National Treasurer

FLR/

Enclosures



TRANSFER REQUEST [page 2]

TO: _____
NAME OF THE PRESENT INSTITUTION

ADDRESS OF THE PRESENT INSTITUTION

SUBJECT: _____
NAME OF ANNUITANT/ OWNER

PRESENT INSTITUTION'S ACCOUNT NUMBER

Please liquidate and transfer:

_____ The entire balance in the above listed account

_____ Specified amount you wish to transfer.

The funds will be deposited into my FCSLA Life tax deferred nonqualified annuity # _____.

ANNUITANT/OWNER SIGNATURE

DATE

PRINTED NAME