



**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 \_\_\_\_\_

Stuart L. Collins  
National Treasurer

SLC/

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