

**Application for Individual Single Premium Deferred Annuity**

Owner					
Name	Date of Birth/Trust Inception	Age	Sex	Social Security Number	
Address	City	State	Zip Code	Telephone Number	
Co-Owner (if applicable)					
Name	Date of Birth	Age	Sex	Social Security Number	
Address	City	State	Zip Code	Telephone Number	
Annuitant (if other than Owner)					
Proposed Annuitant	Date of Birth	Age	Sex	Social Security Number	
Address	City	State	Zip Code	Telephone Number	
Beneficiary Information					
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Name	Date of Birth	Relationship to Annuitant	Social Security Number	
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Name	Date of Birth	Relationship to Annuitant	Social Security Number	
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Name	Date of Birth	Relationship to Annuitant	Social Security Number	
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Name	Date of Birth	Relationship to Annuitant	Social Security Number	
Plan Selection					
<input type="checkbox"/> Today's 1 <sup>st</sup> Choice <input type="checkbox"/> Black Gold 5 <input type="checkbox"/> Black Gold 10 <input type="checkbox"/> Other: _____					
<b>Single Premium Amount:</b> _____ * If a transfer, please estimate the amount to be transferred.					
<input type="checkbox"/> Non-Qualified <input type="checkbox"/> Qualified <input type="checkbox"/> IRA <input type="checkbox"/> ROTH <input type="checkbox"/> SEP <input type="checkbox"/> Other: _____					
Replacement Information					
Do you have any existing or pending life insurance or annuity contracts?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Will this proposed contract replace or change any existing life insurance or annuity contract?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Provide details to "Yes" answers below and submit appropriate replacement forms.</b>					
Name of Company	Date of Issue	Life Amount	Personal/Business	ADB Amount	Replacement?
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No



**Home Office:**  
 13215 Bee Cave Pkwy, Ste A120  
 Austin, TX 78738  
 Phone: 512-330-0099  
 Fax: 512-330-0093

**Administrative Office:**  
 PO BOX 1630  
 Frankfort, KY 40602  
 Phone: 877-249-2038  
 Fax: 502-875-7084

**Application for Individual Single Premium Deferred Annuity**

**IT IS UNDERSTOOD AND AGREED THAT:** (1) the statements and answers made above are true and complete to the best of my knowledge and belief and shall form the exclusive basis of any annuity contract issued hereon; (2) this application will be made part of the annuity contract; (3) only an officer of the Company can make, modify, or change contracts, or waive any of the Company's rights by any statement or promise; (4) if for any reason I am not satisfied with the annuity contract, it may be returned within twenty-one days (thirty days in the case of a replacement) from the date it is delivered and I will receive a refund of all amounts paid; (5) by signing this application, I acknowledge that I have received and read a copy of the Annuity Disclosure Statement, and I understand the features of the plan applied for; (6) I believe this to be suitable for my investment time horizon, goals, objectives, financial situation and needs; (7) the Company will have no liability until a contract is issued, delivered to and accepted by the Owner and the premium due is paid in full while each Owner and Annuitant is alive.

Under penalties of perjury, it is certified that: (1) the Social Security number(s) or Tax ID number(s) shown in this application are correct taxpayer identification numbers, and (2) the holders of said numbers are not subject to any backup withholding of U.S. Federal income tax for failure to report interest or dividends.

**I hereby declare the application was signed and dated at:**

\_\_\_\_\_ on \_\_\_\_\_  
 City State Month Day Year

Signature of Owner: \_\_\_\_\_ Signature of Annuitant: \_\_\_\_\_  
 (If other than the Owner)

Signature of Co-Owner (if any): \_\_\_\_\_

**Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines, confinement in prison, and denial of insurance benefits.**

All checks must be made payable to **TEXAS REPUBLIC LIFE INSURANCE COMPANY.**  
**DO NOT MAKE CHECKS PAYABLE TO THE AGENT OR LEAVE THE PAYEE BLANK.**

**Agent Information**

Do you have any knowledge or reason to believe that this annuity is intended to replace or change any existing life insurance or annuity contract?  Yes  No

If "Yes" Complete Company Name below and submit replacement forms.

Company Name: \_\_\_\_\_ Policy #: \_\_\_\_\_

By signing below, I hereby certify, to the best of my knowledge and belief, that all information in this application is true and accurate. I further certify that I have explained any applicable withdrawal charges, withdrawal and premium bonus provisions contained in this annuity contract and I have fully and accurately disclosed all of the terms and conditions of the annuity contract to the applicant. I also certify that this annuity is suitable for the applicant, based upon the applicant's disclosure.

Agent's Name (please print): \_\_\_\_\_ Phone #: \_\_\_\_\_ Agent #: \_\_\_\_\_

Agent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Commission Plan:  Standard  Trailing

Special Requests: \_\_\_\_\_



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**Premium Receipt**

Annuity Purchase Amount: \_\_\_\_\_

Received From (Owner's Name): \_\_\_\_\_

Agent's Name (please print): \_\_\_\_\_ Phone #: \_\_\_\_\_

Agent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ANNUITY SUITABILITY DISCLOSURE**  
(To be submitted with all Fixed Annuity applications)

Thank you for your interest in a Texas Republic Life Insurance Company Fixed Annuity. Before we can process your application and issue your contract, we need to confirm that your fixed annuity purchase suits your current financial objective and long-term goals. Your privacy is a high priority to us. The information you provide will be treated with the highest degree of confidentiality.

**Section A – Applicant’s Information**

Owner’s Name:	Occupation:	Owner’s Signature:	Date of Birth:
Co-Owner’s Name:	Occupation:	Co-Owner’s Signature:	Date of Birth:

**Section B – Suitability Questionnaire**

- I believe this annuity is suitable for me based on my financial objectives and financial status.  Yes  No  
**Please check all objectives that apply:**  
 Tax-Deferred Growth  Current or Future Income  Interest Earnings  Preservation of Principal  Other
- I understand that money distributed from this annuity may be taxable when received by my beneficiaries or myself.  
 Yes  No
- I understand the current interest rate on my deferred annuity may change, but it will never be less than the guaranteed minimum interest rate specified in the contract.  Yes  No
- I understand a deferred annuity is a long-term cash accumulation vehicle that contains withdrawal and surrender charges for a specified period of time. During this period, withdrawals that do not exceed 10 percent of the total account value during each certificate year may be made without incurring a withdrawal charge. I understand if I surrender the annuity during this period, or exceed the 10 percent free withdrawal amount during a certificate year, applicable surrender charges will apply to the amount exceeding 10 percent of the account value.  
 I understand the surrender charges are 9%, 8.5%, 7.5%, 6.5% and 5.5% year 1 through 5, respectively and 0% thereafter.  
 Yes  No  
 I understand that a Federal Income Tax penalty of 10% may be imposed on withdrawals taken prior to age 59 ½.  
 Yes  No  
 Yes, I agree to answer the questions below and understand that any recommendations assume the information provided is current and accurate.  
 No, I elect not to provide my personal financial information, but I believe a fixed annuity contract is suitable for my financial situation.
- Do you have other assets you can access in case of an emergency?  
**(Select only one answer.)**  
 I have adequate assets, excluding this annuity, which can be accessed in case of an emergency. I am not concerned about any limitations to the access of the assets of this annuity.  
 This annuity represents a significant portion of my assets, however given my specific age, health, financial and tax circumstances, I feel the purchase of this annuity product is appropriate for me. I am not concerned about any limitations to the access of the assets of this annuity.  
 This annuity represents a significant portion of my assets. I would be concerned if I would not be able to access the assets of this annuity without significant penalties.
- Period of time before the money is needed:  
 1-3 years  4-6 years  7-9 years  10-12 years  13-15 years  16 or more years
- This annuity is \_\_\_\_\_ percent of my liquid assets.
- Please provide the source of the funds used to establish this annuity: \_\_\_\_\_
- Approximate annual household income \$: \_\_\_\_\_ Net worth \$: \_\_\_\_\_
- Marital Status:  Single  Married  Divorced  Widowed Number of Dependents: \_\_\_\_\_
- Federal Tax Rate:  0%  10%  15%  25%  28%  33%  35%
- Is Applicant exchanging or replacing an existing annuity?  Yes  No If Yes, please answer Supplemental Questions 13 – 18.

**SUPPLEMENTAL QUESTIONS FOR REPLACEMENT/EXCHANGE**

- 13. Excluding this replacement transaction, have you replaced any other annuity contract within the past 36 months?  
 Yes  No
- 14. Is this a transfer from a Variable Life or Variable Annuity Contract?  Yes  No  
If Yes, does the applicant understand that the guaranteed death benefit in the amount of \$\_\_\_\_\_ will be lost?  Yes  No
- 15. Are there any surrender charges or fees on this transaction?  Yes  No  
If Yes, charge of fee amount: \$\_\_\_\_\_
- 16. Will this transaction create a taxable event with the product being changed or replaced?  Yes  No
- 17. The rate of return or most recent interest rate on the annuity or life insurance being changed or replaced is: \_\_\_\_\_
- 18. Please provide justification for changing or replacing the existing annuity, or life insurance policy: \_\_\_\_\_

To the best of my knowledge, the information above is accurate and complete. If surrendering an existing annuity or cash value life insurance policy, I understand that I may be charged an early withdrawal charge by the delivering insurance company. Authority is given to the company to utilize my name as a TRLIC Policy Owner.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Co-Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Producer's Statement:**

I have reasonable grounds for believing that the recommendations for this consumer to purchase/exchange or replace an annuity is suitable on the basis of the facts disclosed by the consumer as to their investments and other insurance products and their financial situation and needs.

OR

The applicant(s) has not provided complete information and has decided to purchase this fixed annuity without my recommendation. A signed WAIVER of Fixed Annuity Suitability Questionnaire is attached.

**Agent Name and Number (Please Print):** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Agent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**IMPORTANT**

(Your Policy cannot be issued without your signature on either the below, or the attached Suitability Questionnaire)

Texas Republic Life Insurance Company

**Statement of Fixed Annuity Suitability**

We appreciate your interest in a fixed annuity contract from Texas Republic Life Insurance Company. We are required by the State of Texas to ask for information that will help determine whether a fixed annuity contract is suitable for your investment goals and financial situation. The questions pertain to your personal situation at the time of this application, and to your understanding of the features of the product for which you are applying. This information will not be used for any other purpose and will remain confidential.

**You have the legal right to decline to provide this information. If this is your wish, please read the following statement, sign, date, and return this form with your Application for fixed annuity.**

**WAIVER of Fixed Annuity Suitability Questionnaire**

**No, I will not answer the questions on the attached sheet and/or I have decided to purchase this fixed annuity without a recommendation from my agent or Texas Republic Life Insurance Company, and I take full responsibility for determining whether the proposed fixed annuity is suitable for me.**

(The Proposed Annuitant must sign in the "Signature" space below. Your policy cannot be issued without your signature on either this WAIVER or the attached fixed annuity Suitability Questionnaire.)

**Proposed Annuitant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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**Annuity Disclosure Statement for  
Single Premium Deferred Annuity  
Today's 1<sup>st</sup> Choice  
Form TRLIC-SPDA-3**

*This form is not intended to be a complete explanation of your annuity. Only your contract contains complete details. In the event of a conflict between this disclosure and the contract, the contract shall take precedence. Please read your contract carefully for complete details. If you have any questions, please contact your representative or Texas Republic Life Insurance Company for further explanation.*

An annuity is a long-term contract between you and an insurance company in which you give the insurance company a sum of money (called a premium). This premium accumulates over time on a tax-deferred basis until you withdraw it from the annuity or begin taking a guaranteed income from the contract. This contract is a single premium annuity which means you buy it with one premium. It is a fixed annuity which means it earns a minimum guaranteed interest rate during the accumulation phase. This annuity is deferred which means payouts begin at a future date. You do not pay taxes on the interest it earns until the money is paid to you.

You can use an annuity to save money for retirement and to receive retirement income for life. It is **not** meant to be used to meet short-term financial goals.

**THE ANNUITY CONTRACT**

*How will the value of my annuity grow?*

Your annuity earns tax-deferred interest at a current (non-guaranteed) rate declared by Texas Republic Life Insurance Company from time to time, but in no event will the current rate be less than the guaranteed minimum interest rate shown on the policy specifications page in your annuity contract. A premium bonus is added to your fund value at issue. Interest compounds daily and is credited to your annuity account on the last day of each month.

**BENEFITS**

*How do I get income (payouts) from my annuity?*

You begin to get income from your annuity on the maturity date of the contract. The maturity date can be no later than the later of age 90 or 10 years from the contract date. You choose how you get the income (the payout option). Your choices now are:

- Annuity Certain – pays income for a fixed period between 5 and 30 years
- Life Annuity – guarantees income for as long as the Annuitant lives
- Life Annuity with a Period Certain – guarantees income for as long as the Annuitant lives. If the Annuitant dies within the “period certain” (5, 10, 15, or 20 years), income is paid to the Annuitant’s beneficiary for the rest of the period.

You may change both the start date and the payout option up until payout begins.

If you don't choose an annuity payout option, we start payouts on the Maturity Date and continue them under the Life Annuity with a 5 Year Period Certain.

Once payouts begin, you cannot surrender (cancel) your annuity.

*What happens after I die?*

If you die before we start to pay you income from your annuity, we pay the greater of the cash surrender value or premiums paid less any withdrawals in a lump sum or we pay the fund value in five(5) equal annual installments. If you die after the payouts start, depending on the type of payout you chose, we pay the remaining value in the annuity, if any, to your beneficiary.

**OPTIONAL BENEFIT RIDERS AND THEIR FEES**

*What other benefits can I choose?*

There are no optional benefit riders available with your annuity.

**FEES, EXPENSES AND OTHER CHARGES**

*What happens if I take out some or all of the money from my annuity?*

You cannot take any of the money out of your annuity after the payout begins. Before the payout begins, you can take out all of your annuity's value (full surrender) or part of it (partial surrender). You can take out any amount subject to minimum withdrawal amount rules established by Texas Republic Life Insurance Company and in effect at the time of the partial withdrawal.

We take a surrender charge and the non-vested premium bonus from the amounts you withdraw. The withdrawal charges that apply to amounts withdrawn are shown in the table below.

Policy Year of Withdrawal	Percentage of Amount Withdrawn
1	9.0%
2	8.5%
3	7.5%
4	6.5%
5	5.5%
6+	0.0%

The premium bonus recapture schedule is shown below:

Policy Year	1	2	3	4	5
Recapture %	100.0%	80.0%	60.0%	40.0%	20.0%

The Non-Vested Premium Bonus is equal to  $A \times B$  divided by  $(1 + B) \times C$ , where:

A = Amount of Cash Value withdrawn;

B = Premium Bonus Rate;

C = Applicable percentage from Premium Bonus Recapture Schedule.

*Can I take some of the money out of my annuity without a surrender charge?*

Yes, in some cases.

Beginning in the second year you may, in any one contract year, make a single withdrawal, not exceeding in total 10% of the fund value on the prior anniversary, without a withdrawal charge. Withdrawal charges will apply to amounts withdrawn in excess of the 10% free amount.

*Do I pay any other fees or charges?*

No. There are not any other fees or charges on this annuity.

## **TAXES**

*How will payouts and withdrawals from my annuity be taxed?*

This annuity is tax-deferred, which means you do not pay taxes on the interest it earns until the money is paid out to you. When you take payouts or make a withdrawal, you pay ordinary income taxes on the earned interest. You also pay a 10% federal income tax penalty on earnings you withdraw before age 59½. If there is a premium tax, it will be deducted from the money you receive.

You can exchange one tax-deferred annuity for another without paying taxes on the earnings when you make the exchange. Before you exchange annuities, compare the benefits, features and costs of the two annuities. You may pay a surrender charge if you make the surrender during the surrender charge period. Also, you may pay a surrender charge if you make withdrawals from the new annuity during the first years you own it.

*Does buying an annuity in a retirement plan provide extra tax benefits?*

Buying an annuity within an IRA, 401(k) or other tax-deferred retirement plan does not give you any extra tax benefits. Choose your annuity based on its other features as well as its risks and costs, not its tax benefits.

## **OTHER INFORMATION**

*What else do I need to know?*

### **Changes to your contract.**

We may change your annuity contract from time to time to follow federal or state laws and regulations. If we do, we will notify you about the changes in writing.

### **Compensation**

We pay the agent or representative for selling the annuity to you. The actual percentage of compensation paid to the agent or representative will vary based on specific circumstances.

### **Free Look**

Your annuity may be sent back to the company or its agent within 21 days after it is received. In such case, your annuity will be void from the beginning and the company will refund any premium paid.

### **Tax Advice**

Neither Texas Republic Life Insurance Company nor its agents and representatives give legal, tax or accounting advice. Please consult an attorney or independent tax advisor as to the applicability of this information to your own situation.





**IMPORTANT NOTICE**  
**REPLACEMENT OF LIFE INSURANCE OR ANNUITIES**  
(Continued)

A replacement may not be in your best interest, or your decision could be a good one. You should make a careful comparison of the costs and benefits of your existing policy or contract and the proposed policy or contract. One way to do this is to ask the company or agent that sold you your existing policy or contract to provide you with information concerning your existing policy or contract. This may include an illustration of how your existing policy or contract is working now and how it would perform in the future based on certain assumptions. Illustrations should not, however, be used as a sole basis to compare policies or contracts. You should discuss the following with your agent to determine whether replacement or financing your purchase makes sense:

**PREMIUMS:**

- Are they affordable?
- Could they change?
- You're older—are premiums higher for the proposed new policy?
- How long will you have to pay premiums on the new policy? On the old policy?

**POLICY VALUES:**

- New policies usually take longer to build cash values and to pay dividends.
- Acquisition costs for the old policy may have been paid; you will incur costs for the new one.
- What surrender charges do the policies have?
- What expense and sales charges will you pay on the new policy?
- Does the new policy provide more insurance coverage?

**INSURABILITY:**

- If your health has changed since you bought your old policy, the new one could cost you more, or you could be turned down.
- You may need a medical exam for a new policy.
- Claims on most new policies for up to the first two years can be denied based on inaccurate statements.
- Suicide limitations may begin anew on the new coverage.

**IF YOU ARE KEEPING THE OLD POLICY AS WELL AS THE NEW POLICY:**

- How are premiums for both policies being paid?
- How will the premiums on your existing policy be affected?
- Will a loan be deducted from death benefits?
- What values from the old policy are being used to pay premiums?

**IF YOU ARE SURRENDERING AN ANNUITY OR INTEREST SENSITIVE LIFE PRODUCT:**

- Will you pay surrender charges on your old contract?
- What are the interest rate guarantees for the new contract?
- Have you compared the contract charges or other policy expenses?

**OTHER ISSUES TO CONSIDER FOR ALL TRANSACTIONS:**

- What are the tax consequences of buying the new policy?
- Is this a tax free exchange? (See your tax advisor.)
- Is there a benefit from favorable "grandfathered" treatment of the old policy under the federal tax code?
- Will the existing insurer be willing to modify the old policy?
- How does the quality and financial stability of the new company compare with your existing company?

**QUALIFIED FUND TRANSFER\ROLLOVER**

**SURRENDERING COMPANY INFORMATION**

CURRENT TRUSTEE, CUSTODIAN OR INSURANCE COMPANY \_\_\_\_\_

INSURED / ANNUITANT / DEPOSITOR \_\_\_\_\_

ADDRESS \_\_\_\_\_

OWNER(S) \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

OWNER'S SOCIAL SECURITY NUMBER(S) \_\_\_\_\_

CURRENT ACCOUNT NUMBER(S) \_\_\_\_\_

OWNER'S DATE(S) OF BIRTH (MONTH/DAY/YEAR) \_\_\_\_\_

**DISTRIBUTION INSTRUCTIONS FROM EXISTING ACCOUNT**

ALL  
 PARTIAL \$ \_\_\_\_\_

IRA     SEP     SIM     ROTH  
 TSA 403(b)-Direct Transfer from my current TSA 403(b) pursuant to the requirements of Rev. Rul. 90-24.  
 OTHER (PLEASE SPECIFY) \_\_\_\_\_

EFFECTIVE:  IMMEDIATELY  
 UPON MATURITY DATE OF \_\_\_\_\_

ANNUITY     BANK CD  
 MUTUAL FUND: (NAME) \_\_\_\_\_  
(some companies require a signature guarantee on mutual fund transfers)  
 OTHER (PLEASE SPECIFY) \_\_\_\_\_

**DISTRIBUTION INSTRUCTIONS TO NEW ACCOUNT**

To:  NEW  
 EXISTING ACCOUNT: \_\_\_\_\_

IRA     SEP  
 OTHER (PLEASE SPECIFY) \_\_\_\_\_

**RETIREMENT PLAN TO AN IRA (TO BE COMPLETED ONLY IF ROLLING A RETIREMENT PLAN TO AN IRA)**

This is an eligible distribution from a 401(a), 401(k), 403(b) or other retirement plan due to:

PLAN TERMINATION     DISABILITY     DEATH     DIVORCE     OVER AGE 59 1/2     SEPARATION FROM SERVICE

**REQUIRED MINIMUM DISTRIBUTION FOR IRA, TSA AND QUALIFIED PLANS (NOT APPLICABLE FOR ROTH IRAS)**

1. Have you reached age 70 1/2 or older in this calendar year?  YES  NO
2. Have you satisfied your required minimum distribution from the distributing plan?  YES  NO PARTIAL \$ \_\_\_\_\_  
**\*\* IF THE ANSWER TO #1 IS "NO" DISREGARD #3 / IF THE ANSWER TO #1 IS "YES" AND #2 IS "NO" THEN COMPLETE #3\*\***
3. I direct the present custodian/insurer to: **(select one of the following)**  
 Distribute my Required Minimum Distribution to me before transferring my IRA funds.  
 Retain my Required Minimum Distribution amount until otherwise notified.  
 Transfer the entire amount as other options have or will be made to satisfy my Required Minimum Distribution.

**THE CONTRACT (NOT APPLICABLE FOR A DUPLICATE POLICY)**

ENCLOSED     LOST/DESTROYED - I hereby declare under penalty of perjury, that the above numbered contract has been lost or destroyed: that it has not been delivered to any person having any right, title or interest in it.

**REQUIRED SIGNATURES:**

Please liquidate and transfer the proceeds identified above and make the check payable to Texas Republic Life Insurance Company for the benefit of the above referenced Participant.

Signature of Policy Owner (Assignee) \_\_\_\_\_ Date \_\_\_\_\_

Signature of Policy Co-Owner (Assignee) \_\_\_\_\_ Date \_\_\_\_\_

Signature of Policy Owner's Spouse (if community property state) \_\_\_\_\_

Signature of Agent/Witness \_\_\_\_\_ Date \_\_\_\_\_

**ADMINISTRATIVE OFFICE ACCEPTANCE (TO BE COMPLETED BY THE ADMINISTRATIVE OFFICE ONLY)**

This is to certify that the above individual has established a:

IRA Annuity     ROTH IRA Annuity     SEP IRA Annuity     SIM IRA Annuity     TSA Annuity     Other Qualified Annuity

The authorized signature below certifies acceptance of the fund transfer as instructed in this request. After deducting any sums permitted under the plan, please complete the transfer and send a check payable to Texas Republic Life Insurance Company.

Authorized Signature / Title \_\_\_\_\_

Date \_\_\_\_\_



# TEXAS REPUBLIC LIFE INSURANCE COMPANY

**ADMINISTRATIVE OFFICE:**  
PO Box 1630  
Frankfort, Kentucky 40602-1630  
Phone: 877.249.2038 | Fax: 502.875.7084

## NON-QUALIFIED FUND TRANSFER / 1035 EXCHANGE

### SURRENDERING COMPANY INFORMATION

CURRENT TRUSTEE, CUSTODIAN OR INSURANCE COMPANY \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY, STATE, ZIP CODE \_\_\_\_\_  
CURRENT ACCOUNT NUMBER(S) \_\_\_\_\_

INSURED / ANNUITANT / DEPOSITOR \_\_\_\_\_  
OWNERS(S) \_\_\_\_\_  
OWNERS'S SOCIAL SECURITY NUMBER(S) \_\_\_\_\_  
OWNER'S DATE(S) OF BIRTH (MONTH/DAY/YEAR) \_\_\_\_\_

### DISTRIBUTION INSTRUCTIONS

ALL EFFECTIVE:  IMMEDIATELY To:  NEW POLICY  
 PARTIAL \$ \_\_\_\_\_  UPON MATURITY DATE  POLICY # \_\_\_\_\_  
OF \_\_\_\_\_

#### TYPE OF TRANSFER

FUND TRANSFER  
 1035 EXCHANGE

#### TYPE OF ACCOUNT BEING TRANSFERRED (CURRENT)

LIFE INSURANCE  ANNUITY  BANK CD  
 MUTUAL FUND (NAME) \_\_\_\_\_  
 OTHER (PLEASE SPECIFY) \_\_\_\_\_

### ABSOLUTE ASSIGNMENT TO EFFECT A 1035 EXCHANGE (IF A FUND TRANSFER, DISREGARD THIS SECTION)

Upon the Company's written acceptance of this Assignment, I do hereby assign and transfer without exception, limitations or reservations to Texas Republic Life Insurance Company (the "Company"), all assignable benefits, interest, property, and rights in the policy or contract (the "Policy") described above in exchange for a new life insurance or non-qualified annuity policy as described in my application to the Company for such new policy. This Assignment shall not be effective until the Company accepts it in writing. I expressly represent that the sole purpose of this Assignment is to affect an exchange and rollover of an insurance policy under Section 1035 (a) of the Internal Revenue Code. If no exchange takes place, then this Assignment shall become null and void. I understand that if the Company underwrites and issues a new life insurance or annuity policy on the life of the same insured or annuitant named in the Policy, then the Company intends to surrender the Policy for its cash value and the Policy will no longer be in force or effect as of the coverage termination date. Upon receipt of the surrender value by the Company, the proceeds will be applied to and considered part of the purchase payment for the new life insurance or annuity policy. I specifically assign the Policy to the Company as collateral security for the amount of its cash surrender value. I represent and warrant that no person, firm or corporation has an interest in the Policy, except the undersigned, and that no proceedings of either a legal or equitable nature have been instituted or are pending against the undersigned. Furthermore, I understand that by executing this Assignment, I irrevocably waive all rights, claims and demands under the Policy. I represent and agree that the Company and the undersigned agent have made no representations concerning my tax treatment under Internal Revenue Code Section 1035, or otherwise. The Company assumes no responsibility for the validity or effect of this assignment or the undersigned's tax treatment under Internal Revenue Code Section 1035 or otherwise.

### THE CONTRACT (NOT APPLICABLE FOR A DUPLICATE POLICY)

ENCLOSED  LOST/DESTROYED - I hereby declare under penalty of perjury, that the above numbered contract has been lost or destroyed: that it has not been delivered to any person having any right, title or interest in it.

### REQUIRED SIGNATURES:

Please liquidate and transfer the proceeds identified above and make the check payable to Texas Republic Life Insurance Company for the benefit of the above reference Participate.

Signature of Policy Owner (Assignee) \_\_\_\_\_ Date \_\_\_\_\_ Signature of Policy Co-Owner (Assignee) \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Policy Owner's Spouse (if community property state) \_\_\_\_\_ Signature of Agent/Witness \_\_\_\_\_ Date \_\_\_\_\_

### ADMINISTRATIVE OFFICE ACCEPTANCE (TO BE COMPLETED BY THE ADMINISTRATIVE OFFICE ONLY)

This is to certify that the above individual has established a:  Life Insurance Policy  Non-Qualified Annuity. The authorized signature below certifies acceptance of the fund transfer/1035 exchange as instructed in this request. After deducting any sums permitted under the plan, please complete the transfer and send a check payable to Texas Republic Life Insurance Company.

Authorized Signature / Title \_\_\_\_\_ Date \_\_\_\_\_

# TEXAS REPUBLIC LIFE INSURANCE COMPANY

ADMINISTRATIVE OFFICE:

PO Box 1630 | FRANKFORT | KENTUCKY 40602-1630 | 877.249.2038 | FAX: 502.875.7084

## IRA ROLLOVER CERTIFICATION FORM

POLICYOWNER: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_

### IRA TO IRA ROLLOVER

1. Timeliness Have 60 days elapsed since you received the distribution from the distributing IRA?.....  YES  NO  
If the answer is Yes, you are not eligible to roll over the distribution.
2. Restrictions Did You receive any other distributions from the distributing IRA, during the 12 month period prior to this distribution, which you also rolled over?.....  YES  NO

IF THE ANSWER IS NO TO BOTH QUESTIONS , PLEASE READ AND COMPLETE THE 70 1/2 ROLLOVER RESTRICTION AND SIGNATURE SECTIONS.

If you roll funds from a conduit IRA into another IRA which at any time contains assets from other sources, you cannot roll those conduit IRA funds into a qualified plan or tax sheltered annuity in the future.

### TAX SHELTERED ANNUITY OR QUALIFIED RETIREMENT ANNUITY TO IRA ROLLOVER

1. Please indicate your status in the plan from which you received the funds you intend to roll over.
- ELIGIBLE PERSON:  A participant in the plan  
 The surviving spouse beneficiary of a deceased participant  
 The alternate payee identified in a Qualified Domestic Relations order
2. Please indicate the plan from which you received the funds you intend to roll over.
- ELIGIBLE PLAN:  Qualified Retirement Plan (under IRC 401)  
 Tax Sheltered Annuity Plan (under IRC 403)  
 The alternate payee identified in a Qualified Domestic Relations order
3. Please answer the following questions. Each answer must be No to be eligible rollover deposits.
- ELIGIBLE ROLLOVER DEPOSITS:
- a. Does the rollover deposit contain any amounts which constitute a required minimum distribution?.  YES  NO
- b. Is the distribution which is being rolled over part of a series of substantially equal periodic payments?  YES  NO
- c. Does the rollover deposit include any amounts which represent employee after-tax contributions?.....  YES  NO
- d. Does the rollover deposit contain any amounts which are eligible for the death benefit exclusion?.....  YES  NO
- e. Does the rollover deposit include any nontaxable amounts attributable to the purchase of life insurance under the distributing plan (i.e., P.S. 58 costs)?.....  YES  NO
- f. Does the rollover deposit include any funds or property other than the distributing plan?.....  YES  NO
4. 60 Days Timeliness: Have 60 days elapsed since you received the distribution from the distributing IRA?.....  YES  NO

If you roll funds over to an IRA which at any time contains payments or funds from other sources, you cannot roll the funds back to another qualified plan or tax sheltered annuity.

### 70 1/2 ROLLOVER RESTRICTION

Are you 70 1/2 or older in this calendar year?  YES  NO

IF ABOVE IS YES, ANSWER THE FOLLOWING QUESTIONS:

Have you satisfied your required minimum distribution from the distributing plan?  YES  NO

Is the beneficiary of the distributing plan your spouse?  YES  NO

### REQUIRED SIGNATURE:

I have read and understand the rollover rules and conditions on Form 4583 and I have met the requirements for making a rollover. Due to the important tax consequences of rolling over funds to an IRA, I have been advised to see a tax professional. All information provided by me is true and correct and may be relied on by the Custodian or Trustee. I assume full responsibility for this rollover transaction and will not hold the Trustee or Custodian liable for any adverse consequences that may result.

I hereby irrevocably designate this contribution of \$\_\_\_\_\_ in cash as a rollover contribution.

\_\_\_\_\_  
Signature of Policyowner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Policy Owner's Spouse (IF COMMUNITY PROPERTY STATE) Date