

AGENT: PLEASE COMPLETE SECTIONS 1, 2 and 7 IN CONJUNCTION WITH ALL REQUESTS. COMPLETE ONLY ONE OF THE REMAINING SECTIONS 3, 4, 5 OR 6.

1. CUSTOMER INFORMATION

Policy Owner / Plan Participant Name & Address

Current Insurer / Trustee / Custodian Name & Address

Social Security/Tax ID No.: _____

Telephone Number: _____

Policy/Account No.: _____

2. POLICY INFORMATION AND INSTRUCTIONS TO WESTERN NATIONAL LIFE INSURANCE COMPANY

If an annuity or life insurance policy is referenced above, that policy is:

- Enclosed**
- Lost/Destroyed** (I certify that the policy is lost or destroyed. In addition, I certify that the policy has not been assigned or pledged as collateral.)
- A new contract (application attached)
- An existing contract, number _____

3. IRA / TSA TRANSFER INTO AN ANNUITY CONTRACT OF THE SAME QUALIFICATION TYPE (i.e., TSA, IRA, or ROTH IRA)

PLEASE READ THE INFORMATION PROVIDED ON PAGE 3 PRIOR TO COMPLETING THIS FORM.

As owner of the account or policy indicated in Section 1, I hereby request non-taxable transfer of:

- Total, full liquidation
- Partial, % _____ **OR** \$ _____
- Annuitization, Term: _____ Frequency of Payments: _____

Of My:

- Tax-Sheltered Annuity (IRC Section 403(b))
- Tax-Sheltered Custodial Account (IRC Section 403(b)(7))
- Individual Retirement Account or Annuity (IRC Section 408(a) or (b))
- Roth Individual Retirement Account or Annuity (IRC Section 408A)
- Immediately or At maturity date of _____ to Western National Life Insurance Company

If the transfer is a Roth IRA or account, please provide the following: **Contributory Roth IRA;** or **Conversion Roth IRA Established or Converted on** _____.

If the transfer is from a 403(b) TSA, please provide the appropriate adjusted December 31, 1986 and December 31, 1988 account balance information.

Participants who are age 70½ or older may be required to take the required minimum distribution prior to completing this transaction if this is a complete (entire plan) transfer.

4. DIRECT ROLLOVER

PLEASE READ THE INFORMATION PROVIDED ON PAGE 3 PRIOR TO COMPLETING THIS FORM.

I elect to receive an eligible distribution from the plan described in Section 1 as a Direct Rollover as described below.

Current Retirement Plan

- Tax-Sheltered Annuity (IRC Section 403(b))
- Tax-Sheltered Custodial Account (IRC Section 403(b)(7))
- Qualified Employer Plan (IRC Section 401)
- Individual Retirement Account or Annuity (IRC Section 408(a) or (b))
- Governmental 457 Deferred Compensation Plan

Type of Distribution

- Total, full liquidation
- Partial, % _____ **OR** \$ _____
- Annuitization, Term: _____ Frequency of Payments: _____ (should be annual if payor intends to treat as a reportable IRA distribution.)

Direct Rollover to an Western National Life Insurance Company

- Tax-Sheltered Annuity (IRC Section 403(b))
- Individual Retirement Annuity (IRC Section 408(b))
- Simplified Employee Pension (IRC Section 408(k))(IRA)

BASIS FOR DISTRIBUTION

- Age 59½ or older.
- Termination of Employment.
- Total Disability - IRC Section 72(m)(7).
- Qualified Domestic Relations Order.
- Other: _____

5. NON-QUALIFIED FUNDS (NON-INSURANCE)

- Total, full liquidation
- Partial, % _____ or \$ _____

Of My:

- Certificate of Deposit:
 - Before the maturity date, I understand there may be a penalty.
 - On the maturity date of _____.
- Mutual Fund / Money Market Account

6. IRC SECTION 1035(a) NON-TAXABLE EXCHANGE OF NON-QUALIFIED FUNDS

ABSOLUTE ASSIGNMENT

Annuitant or Insured (if different owner) _____

The undersigned hereby assigns and transfers all right, title, and interest in the policy indicated in Section 1 of this form to Western National Life Insurance Company (WNLIC). This assignment is to be part of a tax-free exchange under Internal Revenue Code Section 1035(a). The undersigned is aware that WNLIC intends to surrender the contract for the cash surrender value, and specifically authorizes and approves this action.

The undersigned represents that the contract is not subject to any prior assignment; the contract is not subject to proceedings in bankruptcy, federal tax levy, or collection proceedings resulting from an unpaid assessment, or any other legal action; and that there is no outstanding loan on the contract.

The undersigned represents and agrees that WNLIC is furnishing this form and is participating in the transaction at the undersigned's specific request and as an accommodation to the undersigned. The undersigned represents and agrees that WNLIC makes no representation concerning the undersigned's tax treatment under Internal Revenue Code Section 1035 or otherwise, and that WNLIC has no responsibility or liability for the validity of the assignment.

The undersigned acknowledges that this assignment is not effective until accepted in writing by WNLIC.

No coverage takes effect with WNLIC because of this assignment or any application for a WNLIC policy. The policy issued by WNLIC will be deemed to be issued in exchange for the contract listed above when the proceeds of such contract are received by WNLIC and applied to its policy. If a claim should arise before payment of the surrender value in full is received by WNLIC, the undersigned understands no insurance has taken effect with WNLIC and the undersigned agrees to look solely to the issuer of the contract number noted on Page 1 for relief.

I understand that a partial exchange is subject to applicable tax rules and requirements, including but not limited to IRS Revenue Procedure 2008-24 which requires that the cost basis of the original contract be reduced pro rata by the amount of the exchange to the new contract. That guidance includes specific rules intended to prevent the use of partial exchanges to avoid tax obligations, and provides that any distribution from either the surrendering or receiving contract involved in a partial exchange within 12 months from the date of the exchange may result in the partial exchange being treated as a taxable withdrawal from the original contract rather than a tax-free exchange.

For ALL 1035 Exchanges, please provide the cost basis information for the current policy.

7. WITNESSED INFORMATION

I understand and agree that if I establish more than one non-qualified contract with Western National Life Insurance Company (WNLIC) in the same calendar year, WNLIC will be required to treat all such contracts as a single contract for tax purposes. Such policies are referred to as "serial policies." I understand and agree that this means that because serial policies are treated as one policy, all interest must be withdrawn and taxes paid on each policy in succession before any withdrawals of principal are allowed. I also understand and agree that an exchange of one non-qualified annuity contract for multiple non-qualified annuity contracts issued by more than one insurance company may not qualify for treatment as a nontaxable Section 1035 exchange of contracts. I hereby authorize WNLIC to rely upon the information provided by the current insurer, trustee, or custodian, and to assume, in the absence of such information, that more restrictive and/or less beneficial tax rules apply to the amounts transferred.

I request that the above referenced contract/policy/account(s) be liquidated and transferred to WNLIC. I am aware of any penalties or surrender charges that will result from this liquidation by the previous company. I am further aware that any tax consequences of this transaction are solely my own and that I may wish to consult my tax advisor.

ALL REQUESTS REQUIRE WITNESSED SIGNATURE(S)

Dated at _____ this _____ day of _____, 20____.

City and State

Witness or Notary Signature for Owner

Signature of Owner or Plan Participant

Witness or Notary Signature for Co-Owner

Signature of Co-Owner (if any)

Witness or Notary Signature for Spouse

Signature of Spouse (if required by law)

Witness or Notary Signature for Irrevocable Beneficiary

Signature of Irrevocable Beneficiary (if any)

8. ACCEPTANCE (TO BE COMPLETED BY WESTERN NATIONAL LIFE INSURANCE COMPANY)

The above named individual has established or applied for a:

- Non-qualified Annuity Individual Retirement Annuity Tax-Sheltered Annuity Roth Individual Retirement Annuity Simplified Employee Pension (IRA)
with Western National Life Insurance Company.

The authorized signature below certifies of assignment and surrender or transfer of funds as instructed in Section 3, 4, 5 or 6 of this request.

Assignee / Successor Custodian: Western National Life Insurance Company

By: _____
Signature of Company officer

Date

9. INSTRUCTIONS TO CURRENT ISSUER, CUSTODIAN OR TRUSTEE

On the basis of the assignment and / or authorization above, please liquidate the requested asset and send the cash proceeds to:

Western National Life Insurance Company
FBO: _____ SSN or Contract No.: _____
P.O. Box 2754, Dept. 16
Amarillo, TX 79105-2754

LEGAL INFORMATION

The information in this notice applies to IRAs, Roth IRAs, and employer-sponsored plans, including tax-sheltered annuity arrangements and governmental 457 deferred compensation plans.

Direct Transfers

The accumulated value to be transferred may have been subject to sales and/or administration charges. The amount transferred will be subject to the terms of the WNLIC contract. You are responsible for any taxes or penalties due should this transaction not comply with the applicable IRC provisions. Please consult with qualified tax counsel prior to electing this transaction.

Although the amount transferred is in general not subject to withholding requirements because it is not includible in your gross income for the year of transfer, if this transfer does not comply with applicable legal requirements, you may be responsible for estimated tax payments if you do not have enough federal income tax withheld from income.

The transfer of a Section 403(b) account is governed by Internal Revenue Service Revenue Ruling 90-24. Under this ruling, WNLIC must maintain and enforce withdrawal restrictions at least as restrictive as those that existed prior to the transfer. In the event that WNLIC does not receive the information requested in section 3 of this form from the prior carrier, all of your funds will be subjected to withdrawal restrictions and minimum distribution rules.

Eligible Rollovers

Most withdrawals from tax-favored retirement plans are eligible for rollover either to an IRA or to another plan if the receiving plan accepts such rollovers. Some plans do not accept rollovers of certain types of distributions. Check with the administrator of that plan about whether the plan accepts rollovers and, if so, the types of distributions it accepts.

Rollovers by Beneficiary

Only spousal beneficiaries are allowed to roll over distributions to an IRA or another plan. The receiving plan must accept such rollovers. Non-spousal beneficiaries are not allowed to roll over distributions.

Direct Rollovers

Any amounts under your employer-sponsored plan that will not be subject to federal income tax when distributed may be rolled over directly to an employer-sponsored plan, if such plan accepts such rollovers, or to an IRA.

Rollovers may be subject to the plan restrictions of the receiving plan. The new plan restrictions may be different, or more or less restrictive, than the plan from which the amounts were rolled. Check with the administrator of the receiving plan prior to making your decision in order to clearly understand what restrictions may apply.

Distributions Paid Directly to You

If the distribution you are rolling over was paid directly to you, you may roll over any pre-tax amounts to another employer-sponsored plan or to an IRA within 60 days. Any distributions of after-tax contributions paid directly to you may not be rolled over to another employer-sponsored plan. However, they may be rolled over to an IRA within 60 days.

Amounts Not Eligible For Rollover

Some amounts not eligible for rollover include amounts paid to non-spousal beneficiaries, amounts paid from a non-qualified (after-tax) annuity that is not part of your employer's plan, financial hardship withdrawals, and amounts paid from certain deferred compensation plans. In addition, non-deductible (after-tax) IRA contributions are not eligible for rollover to an employer-sponsored plan.