NON-QUALIFIED TRANSFER FORM

Complete one Side Only
1035 Exchange Request (Non-Qualified Annuities & Life Insurance Policies Only)



PO BOX 2460, SALT LAKE CITY, UTAH 84110-2460 888-352-5178 FAX: 888-352-5126

1. Contract Information				
Existing Company			Phone Number	
Existing Company Address			Existing Contract Number	
City	State	Zip		
Account Type (Annuity or Life)			Transfer funds immediately	
			Transfer on date	
Insured's/Annuitant's Name			Annuitant's SSN	
Joint Insured's/Annuitant's Name	Joint Annuitant's SSN			
Owner's Name	Owner's SSN			
Joint Owner's Name			Joint Owner's SSN	
Please select one: Contract/CD enclosed	I have	lost or destroyed	my Contract/CD	
2. Exchange Authorization				
Full 1035 Exchange Partial 1035 E	Exchange <i>F</i>	Amount: \$	%	
I hereby designate Equitable Life & Casua policy/contract.	alty Insurance (Company as ber	neficiary of the indicated portion of the	above
Immediately following the above benefice limitations or reservation to Equitable all and title in the policy/contract in exchan policy/contract.	assignable be	nefits, interest, ¡	property, rights, claims, options, privileg	es, obligations
I and Equitable expressly represent and r insurance policies/contracts. I represent this transaction. I represent and agree th Revenue Code Section 1035 or otherwise tax treatment under Internal Revenue Co	and agree that at Equitable ha as a result of t	t I have consulte as made no rep this transaction.	d by own tax advisor regarding the tax resentations concerning my tax treatme Equitable assumes no responsibility or	consequences of ent under Internal
Owner's Signature	Date	-	loint Owner/Spouse Signature	Date
3. Acceptance by Equitable Life & Cas	ualty Insuran	ce Company		
Equitable agrees to accept the assets des named individual. Equitable requests the	cribed above f e liquidation ai	for the nd transfer of as	Plan established on behal sets indicated above.	f of the above
Accepted by (Signature and Title of autho	orized officer o	f Equitable)	Date	
MAKE CHECK PAY			SUALTY INSURANCE COMPANY	

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QUALIFIED TRANSFER FORM

Complete one Side Only

Direct Custodial Transfer Request (CDs, Mutual Funds & Qualified Annuities)



PO BOX 2460, SALT LAKE CITY, UTAH 84110-2460

1. Contract Information			
Existing Company			Phone Number
Existing Company Address			Existing Contract Number
City	State	Zip	Account Type
Tax Status (IRA, ROTH IRA, 401(k), etc.)			Transfer funds immediately
	Transfer on date		
Insured's/Annuitant's Name	Annuitant's SSN		
Joint Insured's/Annuitant's Name	Joint Annuitant's SSN		
Owner's Name	Owner's SSN		
Joint Owner's Name	Joint Owner's SSN		
Please select one:			,
Contract/CD enclosed	I have	lost or destroyed	my Contract/CD
3. Required Minimum Distribution - Di Must complete if client is 70 ½ or older. My Required Minimum Distribution (RME has been taken already for this y	D):	has not been to Please distribu	aken te my RMD for the current year prior to transferring able Life & Casualty.
Owner's Signature	Date	e Me	edallion Signature Guarantee
Joint Owner/Spouse Signature (If applica	ble) Date	<u> </u>	
INFORMATION MUST BE COMPLETED AT	TIME OF APPLI	ICATION	
4. Acceptance by Equitable Life & Casu Equitable agrees to accept the assets des named individual. Equitable requests the	cribed above f	for the	plan established on behalf of the above ssets indicated above.
Accepted by (Signature and Title of autho	orized officer o	of Equitable)	Date
MAKE CHECK PAY	ABLE TO EQUI	TABLE LIFE & CA	SUALTY INSURANCE COMPANY

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Reference Contract Number