Authorization to Transfer Funds

(For Home Office use only)

1. Address of Company from which funds are coming

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REV 02-13

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3. Lost contract statement

Contract is attached

Certificate of lost contract-I/We certify that the above numbered contract has been lost or destroyed, and to the best of my/our knowledge and belief, is not in anyone's possession.



\$1118070

4. Assignment of ownership

I/We, the undersigned, hereby state that I/we am/are the owner of the life insurance, endowment, or annuity contract identified above. For the purpose of making an Internal Revenue Code Section 1035 Exchange of insurance or annuity contract, I/We hereby absolutely assign and transfer all rights, benefits, interests, and property I/we have in the above identified contract to the assignee identified above (hereafter "the Company").

This assignment and Section 1035 Exchange is conditioned upon the decision by the Company to issue, on the basis set forth in the application, an annuity contract or life insurance policy. After acceptance of the application by the Company, this assignment will become absolute and the Company will issue to me an annuity contract or life insurance policy in exchange for the partial or full and complete surrender of the above listed contract and that the cash surrender value will be applied as a premium on the contract issued to me by the Company. The cash value received from the surrender of the contract(s) identified above will be credited to the contract issued by the Company upon receipt from the other Company. The Company assumes no liability for any delay by the other Company in processing the assignment of ownership, the request for surrender, or the payment of the cash surrender value. I/We understand that the contract walues and terms of the above-identified contract may differ substantially from those in the contract issued by the Company.

I/We understand that the Company will request the immediate surrender of the contract being assigned to them as part of the Section 1035 Exchange. If I/we elect to refuse the policy issued by the Company under the "free-look" provision, I/We recognize that the assigned contract may have already been surrendered for its cash surrender value. If I/we refuse the policy under the "free-look" provision, the Company has no liability beyond the return of the cash surrender value of the assigned contract. If no premium is paid with the application, coverage under the new policy issued by the Company becomes effective when coverage under the existing policy identified above ceases because the other insurer has processed the Company's request for surrender. I/We certify that no proceeding in bankruptcy or insolvency, voluntary or involuntary, is pending against me/us.

5. Transaction authorization

I/We am/are aware of any surrender/withdrawal penalties, which may apply, and I/we authorize the transaction described above. This transfer request also authorizes North American to receive information on the status of this transfer or exchange.

The undersigned represents and agrees that the Company is participating in this transaction at the undersigned's specific request and as an accommodation to the undersigned. It is further agreed that neither the Company, nor the officer, employee, agent, or any person acting on behalf of the Company warrants or represents the income tax consequences of this transaction. I/We have been advised by the Company, and/or its officers, agents, employees, or persons acting on the Company's behalf, that I/we should consult my/our own tax advisor regarding the tax consequences of this transaction. I/We have not relied on the Company or any agent of the Company for tax advice.

I/We agree to release, indemnify, and hold harmless North American, its directors, officers, employees, agents, parents, subsidiaries, and affiliates, and their directors, officers, employees, and agents (North American), as transfer agent, from and against any and all claims, liabilities, damages, costs, charges and expenses, including reasonable attorney fees, sustained or incurred by reason of any claim, litigation, arbitration or other proceeding arising as a result of North American's transfer of the above-referenced funds at my/our request. Without limiting the foregoing, I/we specifically acknowledge and agree that North American shall not be responsible for any loss due to market fluctuations which I/we incur as a result of any delay in the transfer of such funds and acknowledge and agree that it is my/our responsibility to request the transferring company to transfer these funds to the fixed or general account of the annuity, mutual fund, or other investment product from which the exchange is being made pending the processing and completion of this request.

- Print and a second	
Signature of Owner:	Date:
Signature of Joint Owner:	Date:
Spousal Signature:	Date:

If you reside in one of the following community property states, the spouse must also sign: AK, AZ, CA, ID, LA, NM, NV, TX, WA or WI.



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TO BE	COMPL	ETED	ΒY	NORT	HAM	ERICAN
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LETTER OF ACCEPTANCE

This is to certify that the	above individual has esta	blished an annuity or life	insurance policy of the	he following tax status:
		Qualified TSA/403(b)	Roth
	Tax-qualified	Inherited IRA		
Transfers/Rollovers-	above. Please withdraw account/policy as instruct	and transfer/rollover on a cted above. It is the Owne	a fiduciary-to-fiduciar	nsibility as trustee for the funds described y basis, all or part of the designated payment shall not constitute actual or nsaction type indicated unless it is an IRA
V		ection 1035 of the Interna		above named policy in connection is letter will serve as North American's
Cost Basis Request	ed:			
In accordance with the	Tax Equity and Fiscal Resp	consibility Act of 1982, ple	ease provide the cost	t basis information to North American.
Cost Basis Annuity/Li	fe			
Pre-Tefra (Prior to 8/14/			Post-Tefra (On and	after 8/14/1082)
	1902)	_		s: \$
Gain: \$_		_	Gain:	\$
	n Requested:			
	ecks payable to iss	uer/assignee		
North American for the I	benefit of:			Owner(s)
				Annuitant(s) If different than owner
Our contract number is:				
Ву:		Date	2:	
	(Signature/Title)			
North American Annuity PO Box 79905 Des Moines, IA 50325-0)905 please send checks to:	k and correspondence	to:	
4350 Westown Parkway				
West Des Moines, IA 50	0266			
866-322-7067				
1118	090			

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