

QUALIFIED TRANSFER FORM

Complete one Side Only

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



Equitable Life & Casualty Insurance Company

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
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 <input type="checkbox"/> I have lost or destroyed my Contract/CD <input type="checkbox"/>			

2. Authorization to Sell, Liquidate and Transfer Funds

This will serve as authorization to liquidate and transfer:

All

\$ _____
_____ %

3. Required Minimum Distribution - Direct Transfer Information

Must complete if client is 70 ½ or older.

My Required Minimum Distribution (RMD):

_____ has been taken already for this year

_____ has not been taken

Please distribute my RMD for the current year prior to transferring funds to Equitable Life & Casualty.

Owner's Signature Date

Medallion Signature Guarantee

Joint Owner/Spouse Signature (If applicable) Date

INFORMATION MUST BE COMPLETED AT TIME OF APPLICATION

4. Acceptance by Equitable Life & Casualty Insurance Company

Equitable agrees to accept the assets described above for the _____ plan established on behalf of the above named individual. Equitable requests the liquidation and transfer of assets indicated above.

Accepted by (Signature and Title of authorized officer of Equitable)

Date

MAKE CHECK PAYABLE TO EQUITABLE LIFE & CASUALTY INSURANCE COMPANY
Reference Contract Number _____