



FSBL serves as an administrator for Companion Life Insurance Company

Incoming Funds Transfer

Attn: Annuity Administration

Please type or print in black ink. Questions? Call our Customer Service Center at 1-800-494-0067.

This form may not be used for 90-24 transfers for 403(b)/403(b)(7) contracts.

1. General Account Information

Contract Number

Tax I.D. Number / Social Security Number

Name of Annuitant
(First) (MI) (Last)

Address

City State Zip Code

Phone Number (for confidential calls between 8:00am and 7:00pm EST)

☐ Single ☐ Married (please check one)

2. Companion Account Type

- ☐ 403(b) TSA ☐ Roth IRA
☐ IRA ☐ 457 Deferred Compensation
☐ SEP-IRA ☐ Non-Qualified Annuity
☐ Simple IRA ☐ 401(a)
☐ 401(k)

3. Current Carrier Information

Company Name

Address

City State Zip Code

Carrier Phone Number

Account Number

\$

Estimated Transfer Amount

4. Current Carrier Investment Type

- ☐ Mutual Fund ☐ Annuity
☐ Bank CD ☐ Other

5. Current Carrier Account Type

- ☐ 403(b)TSA ☐ Roth IRA
☐ IRA ☐ 457 Deferred Compensation
☐ SEP-IRA ☐ Non-Qualified CD, Stock*
☐ Simple IRA ☐ Non-Qualified Mutual Fund*
☐ 401(k) ☐ Non-Qualified Annuity
☐ 401(a)

*Transfer is a taxable event.

If this request involves my entire Account balance, my policy is:

- ☐ Enclosed
☐ Lost/destroyed

6. First Security Benefit Life (FSBL) Signature

FSBL hereby agrees to accept the transfer of the above proceeds on behalf of Companion Life Insurance Company.

X
Signature of Carrier Date (mm/dd/yyyy)

Title



7. Assignment of Ownership

Non-Qualified life or annuity only.

☐ **1035 Exchange:** I hereby make complete and absolute assignment and transfer all rights, title and interest of every nature and character in and to the Current Carrier Account in Section 3 to First Security Benefit Life Insurance and Annuity Company of New York (FSBL), as Administrator for Companion Life Insurance Company, in an exchange intended to qualify under Section 1035 of the Internal Revenue Code. I understand that by executing this assignment, I irrevocably waive all rights, claims and demands under the above policy.

8. Transfer Statement and Agreement

Effective Date of Transfer (mm/dd/yyyy)

Choose one of the following transfer/rollover options:

- A. ☐ Transfers (like-to-like, includes trustee to trustee, custodian to custodian, etc.)

Please make transfer payable to FSBL, with whom I have already made application:

- ☐ Liquidate my entire Current Carrier Account
☐ Liquidate \$ _____ or _____ % from my Current Carrier Account

- B. ☐ Rollover (not like-to-like, includes qualified plan to IRA or 403(b) to IRA)

I elect to rollover my Account to FSBL as indicated below:

- ☐ Liquidate my entire Current Carrier Account
☐ Liquidate \$ _____ or _____ % from my Current Carrier Account

I hereby certify that all applicable requirements have been met for distribution:

- ☐ Age 59½
☐ Disabled
☐ Severance from Employment
☐ Required Minimum Distribution

8. Transfer Statement and Agreement (continued)

Required Minimum Distributions: Please indicate below how you would like your minimum distribution processed if you have reached age 70½ (if you were born before July 1, 1949) or age 72 (if you were born after June 30, 1949) and are unemployed:

- ☐ Distribute my required minimum distribution to me prior to transferring/rolling over my Account
☐ Segregate and retain my required minimum distribution prior to transferring/rolling over my Account
☐ None of the amount to be rolled over will include minimum distribution amounts because the requirements for the current year have been met

Please make check payable to:

First Security Benefit Life Insurance and Annuity Company of New York

For the Benefit of: _____

Attn: Annuity Administration

PO Box 750500

Topeka, KS 66675-0500



9. Investment Directions

Subaccount Investment Allocation for funds transferred

- _____ % Fixed Account
- _____ % Fixed Account (1-year guarantee)¹
- _____ % Fixed Account (8-year guarantee)¹
- _____ % Alger Large Cap Growth
- _____ % Alger Small Cap Growth
- _____ % DWS Core Equity VIP
- _____ % DWS CROCI® International VIP
- _____ % DWS Global Small Cap VIP
- _____ % DWS Small Cap Index VIP
- _____ % Federated Hermes Fund for U.S. Government Securities II
- _____ % Federated Hermes Government Money II
- _____ % Fidelity® VIP Asset Manager Growth®
- _____ % Fidelity® VIP Contrafund®
- _____ % Fidelity® VIP Equity-Income
- _____ % Fidelity® VIP Index 500
- _____ % Fidelity® VIP Mid Cap
- _____ % MFS® Growth Series Portfolio
- _____ % MFS® Research
- _____ % MFS® VIT High Yield
- _____ % MFS® VIT II Core Equity
- _____ % MFS® VIT Income
- _____ % Morgan Stanley VIF Emerging Markets Equity
- _____ % Pioneer Equity Income VCT
- _____ % Pioneer Mid-Cap Value VCT
- _____ % Pioneer VCT
- _____ % T. Rowe Price All-Cap Opportunities
- _____ % T. Rowe Price Equity Income
- _____ % T. Rowe Price International Stock
- _____ % T. Rowe Price Limited-Term Bond
- _____ % T. Rowe Price Moderate Allocation

Must Total 100%

¹ Available only for Ultra-Rewards & Series L products

10. Current Carrier Contract Information

Have this section completed by Current Carrier.

Non-Qualified Contracts:

Pre TEFRA \$ _____

Post TEFRA \$ _____

Total Cost Basis \$ _____

Total Earnings \$ _____

403(b) TSA Contracts:

1986 year end value \$ _____

1988 year end value \$ _____

Employee post 1988 Contributions \$ _____

11. Transfer Procedures

1. The Contractowner must complete and sign the (i) Disclosure Statement; (ii) Incoming Funds Transfer form; and (iii) Important Notice form.
2. Obtain Signature Guarantee if needed.
3. The above mentioned documents should be mailed to:

**First Security Benefit Life Insurance and
Annuity Company of New York
Administrative Office
P.O. Box 750497
Topeka, KS 66675-0497**

4. Upon receiving these completed documents, First Security Benefit Life will sign the Incoming Funds Transfer form and send it, along with a copy of the Disclosure Statement, Important Notice, sales material used to effect this purchase, and an acceptance letter, to the current insurer exchanging/transferring the assets.



12. Signatures

As the Annuitant, I understand, acknowledge and certify that:

- I am solely responsible for all tax obligations arising from this distribution/transfer and for compliance with the laws, regulations and restrictions governing such distributions/transfers.
- Any failure by me to follow these rules can jeopardize the tax status of my Contract, and result in the imposition of penalties, additional taxes and interest for which I will be solely responsible.
- FSBL as Administrator for Companion Life Insurance Company is furnishing this form and participating in this transaction as an accommodation to me, and assumes no responsibility or liability for any tax consequences or other effect of this transaction.
- I am aware of my right to receive information regarding my existing contract, including contract values.
- Certifications contained on this form are accurate.

X

Signature of Contractowner

Date (mm/dd/yyyy)

(You must include your designation if signing as a trustee, executor, custodian, guardian, or attorney-in-fact.)

X

Signature of any Joint Owner

Date (mm/dd/yyyy)

X

Signature of Financial Professional

Date (mm/dd/yyyy)

Signature Guarantee:

You can obtain a Signature Guarantee from a bank, broker, or other acceptable financial institution. A Notary Public cannot provide a Signature Guarantee.

X

Signature of Guarantor

Date (mm/dd/yyyy)

Title or Name of Institution

Place Signature Guarantee Stamp Here

Variable Annuity Issued by Companion Life Insurance Company
Mail to: First Security Benefit Life • Administrative Office • PO Box 750497 • Topeka, Kansas 66675-0497
Also visit us online at www.FSBL.com

