

# Request for Transfer or Exchange of Assets



Home Office: Lansing, MI  
www.jackson.com

**USE DARK INK ONLY (print or type)**

Owner's Name (First)		(Middle)	(Last)	SSN (include dashes)	Phone No. (include area code)
Joint Owner's Name (First)		(Middle)	(Last)	SSN (include dashes)	Jackson® Contract No.
Full name of Entity (if other than owner)				TIN (include dashes)	Phone No. (include area code)
Annuitant's Name (First)	(Middle)	(Last)	Joint Annuitant's Name (First)	(Middle)	(Last)

- Request on a new contract. (Please attach to the application.)  
 Request on an existing contract. (Please enter the contract number below.)  
 For questions or assistance, please call the appropriate Service Center on the last page.

**Asset Type**

- Nonqualified Funds, 1035 Exchange** (Registration of owner/annuitant must be a "like to like" exchange with the same owner(s) and annuitant(s).)  
 Check if exchange is subject to Rev. Proc. 92-44 (financially troubled insurance company).  
 **Nonqualified Funds, Non-1035 Exchange** (This does not qualify as a replacement.)  
 Mutual Fund     Bank CD     Other Nonqualified Asset

**Qualified Funds of the Following Type:**

**From**

- Roth IRA     401(k) Plan  
 Traditional IRA     HR-10 (KEOGH Plans)  
 SEP     Tax-Sheltered Annuity 403(b)  
 401(a)     Other \_\_\_\_\_

**To**

- Roth IRA     HR-10 (KEOGH Plans)  
 Traditional IRA     Tax-Sheltered Annuity 403(b)  
 SEP     Other \_\_\_\_\_  
 401(k) Plan

**Type of Qualified Funds Transfer**

- Direct Transfer (e.g., TSA to TSA, IRA to IRA)  
 Non-Direct Rollover

- Direct Rollover (e.g., 401(k) to IRA, TSA to IRA)  
 NOTE: For the Direct Rollover of a TSA to an IRA, the surrendering company will require proof of separation from service from the employer.

Yes  No Is this a transfer from an employer plan under ERISA guidelines?

**Current Trustee or Insurance Company**

Name of Current Trustee or Insurance Company		Phone No. (include area code)
Address (number and street, city, state, ZIP, no P.O. boxes)		
Name of Contract or Account Owner	SSN/TIN (include dashes)	Contract/Account No.
Name of Joint Owner		SSN (include dashes)
Name of Annuitant	Name of Joint Annuitant	



**Transfer Instructions** (Submit all required paperwork for 1035 exchange or transfer at least 10 days prior to maturity date, if applicable.)

- Complete Transfer.** Liquidate and transfer ALL the assets in my account.
- Partial Transfer.** Liquidate and transfer assets totaling \$ \_\_\_\_\_.

**Please make this transfer effective:**

- Immediately
- Upon maturity date (mm/dd/yyyy): \_\_\_\_\_.

Note: For qualified accounts, Owners age 70½ and older who have not met their Required Minimum Distribution (RMD) for these funds prior to transfer are still required to do so.

**Contract Status**

Current estimated value of the contract: \$ \_\_\_\_\_.

Please enclose your contract. If your contract has been lost or destroyed, please check below.

- I certify that my contract has been lost or destroyed. In addition, I certify that the contract has not been assigned or pledged as collateral.

**Replacement:** Will this annuity replace any existing life insurance or annuity?  Yes  No

If this will replace an annuity, check type:  Fixed Annuity  Fixed Index Annuity  Variable Annuity

**Signatures**

**1035 Exchanges**

I, the Owner, assign and transfer to Jackson National Life Insurance Company® (Jackson®) all rights, interests and benefits in the current contract for the sole purpose of effecting an exchange under Section 1035 of the Internal Revenue Code. I represent and warrant that the current contract is not subject to any lien or encumbrance, nor is it subject to any legal proceedings of any kind, including bankruptcy, and that I am responsible for continuing premium payment of the current contract (if necessary to keep the contract in force) until the surrendering company mails the contract funds to Jackson. I further agree that Jackson is not responsible for any surrender charge or fees of any kind owed the surrendering company.

**All Other Transfers**

As the Owner of the account referenced, I request the transfer to Jackson National Life Insurance Company as sponsor, issuer and carrier of an annuity contract. I have submitted an application to Jackson National Life Insurance Company to establish an account for the purpose of this transaction. I request that the surrendering company immediately complete the transfer, exchange, or rollover. Please do not withhold any amount of taxes from the proceeds.

Owner's Signature	Date (mm/dd/yyyy)	Signature Guarantee (if required by the transferring company)
Joint Owner's Signature	Relationship to Owner	
Spouse's Signature (if applicable, may be required in community property states: AZ, CA, ID, LA, NM, NV, TX, WA, WI. Please seek legal advice).		

**Acceptance (By Home Office)**

Jackson National Life Insurance Company acknowledges that an application has been received from the Owner to establish an account for this transaction and requests liquidation of the above-referenced account. Jackson is willing to accept the 1035 exchange, transfer or rollover shown to be credited to the account of the Owner. Please do not withhold any amount for taxes from the proceeds, and make the check payable to Jackson National Life Insurance Co.

Accepted By	Contract No.
Title	Date (mm/dd/yyyy)



***New Business Mailing Address and Contact Information***

**Jackson Service Center**

<b>Attention</b>	<b>Variable Annuity</b>	<b>Fixed Index Annuity and Target Select</b>	<b>Fixed Annuity</b>
<b>Regular Mail</b>	P.O. Box 30314, Lansing, MI 48909-7814	P.O. Box 30391, Lansing, MI 48909-7891	P.O. Box 30421, Lansing, MI 48909-7921
<b>Overnight Mail</b>	1 Corporate Way, Lansing, MI 48951		
<b>Customer Care</b>	<i>Non-Bank: 800-873-5654, 8:00 a.m. to 8:00 p.m. ET (M-F)</i> <i>Bank or Financial Institution: 800-777-7779, 8:00 a.m. to 8:00 p.m. ET (M-F)</i>		
<b>Fax</b>	800-943-6761	517-706-5538	517-706-5529
<b>Email</b>	contactus@jackson.com		

