

Request for Transfer Out of Assets, Rollover or 1035 Exchange

1. Information from Contract / Policy / Account(s) to be Transferred:

Owner(s): _____ SSN: _____

Annuitant/Insured: _____ SSN: _____

Assets From: Company: _____

Department: _____

Contact Name (if available): _____

Please complete mailing address of company transferring assets. This is the address where this request will be sent to

Mailing Address: _____

Telephone: (____) _____ Fax: (____) _____

Annuity/Contract/Policy/Account(s) # _____ # _____ # _____

2. This is total (100%) liquidation of assets; transfer in cash or,
 Partial Withdrawal of \$ _____ From: Annuities Life Insurance Bank
 Brokerage - copy of most recent statement required: Mutual Funds - copy of most recent statement required
To be effected: immediately at maturity date _____ other date _____

3. If this transfer is of Life or Annuity Contracts, the contract # (s): _____
 is / are Enclosed Misplaced Destroyed

4. Type of Transfer-Check one only: Additional Comments:

- Qualified (complete Sections 5 and 6)
 Non-Qualified 1035 Exchange
 (complete Section 7 on reverse section)
 Other Non-Qualified (complete section 6)

Additional Comments:

5. Qualified Transfer From-Check one only:

- IRA 401(k) 401(a)
 Rollover of Distribution
 403(b) TSA Direct (Revenue Ruling 90-24) Transfer

6. I request that the above referenced contract/policy/account(s) be transferred to **Triple-S Vida, Inc., PO Box 363786, San Juan, PR 00936-3786**. Please do not withhold taxes. I am aware of any penalties or surrender charges that will result from this liquidation by the previous company. I am further aware that any tax consequences of this transaction are solely my own and that I may wish to consult my tax advisor.

Date: _____

Signature: _____

Contract Owner(s)

Date: _____

Signature: _____

Contract Owner(s)

Signature Guarantee : (Required for Mutual Funds, Brokerage, or as Requested)

Triple-S Vida, Inc., Policy Núm. _____

7. Non-Qualified 1035 Exchange

I hereby absolutely assign and transfer all rights, title and interest of the identified life/annuity contract(s) stated in the reverse side of this document to **Triple-S Vida, Inc.**, (herein called the Company), its successors and assigns, along with any claims, options, privileges, rights, title and interest therein, and subject to all conditions of such contract(s). All previous designations of beneficiary are revoked. The undersigned declares that the sole beneficiary shall be the Company, its successors or assigns. I further declare that no proceedings in bankruptcy are pending against the undersigned and that the policy is not subject to any other assignment, pledge or lien.

I intend for this assignment to be part of an exchange of Annuity contracts under Internal Revenue Code Section 1035. I am aware that aware that **Triple-S Vida, Inc.**, intends to surrender this contract for its cash surrender value and specifically authorized and approve of **Triple-S Vida, Inc.**, surrendering the contract for its cash value, without in any way limiting the rights transferred under this assignment.

I represent and agree that **Triple-S Vida, Inc.**, is furnishing this form and is participating in this transaction at my specific request and as an accommodation to me. I represent and agree that **Triple-S Vida, Inc.**, makes no representations concerning my tax treatment under Internal Revenue Code Section 1035 or otherwise and the Company has no responsibility or liability for the validity or sufficiency of this assignment or my tax treatment under Internal Revenue Code Section 1035 or otherwise.

In the event that you are unable for any reason, to carry out the directions in Paragraph 1 above, I direct you to send any forms and instructions necessary to complete my intended exchange directly to **Triple-S Vida, Inc.**, who I hereby appoint to act on by behalf as appoint to act on by behalf as my attorney-in-fact o effect this exchange. All powers, elections, appointments, options and rights exercisable by me as owner (including the right to surrender) are now exercisable by the Company, subject to acceptance by the issuing company, which shall relate back to the date of my signature. You are hereby advised that time is of the essence with respect to your duties under this form

Date: _____ Signature of Owner: _____

Signature of Witness: _____ SSN of Owner: _____

Notification of Acceptance/Surrender

Triple-S Vida, Inc., accepts the assignment of the contract indicated in the reverse side of this document as a tax-free exchange under Section 1035 of the Internal Revenue Code and herewith directs that the above contract be surrendered for its cash value, accumulated dividends or other money due. Please forward/mail check directly to:

Triple-S Vida, Inc.
PO Box 363786
San Juan PR 00936-3786
Tel. (787) 758-4888

Policy Number: _____ Type of Policy: _____

Signature of Company Official: _____

Name of Company Official: _____
