American Century Life Insurance Company of Texas
1333 W McDermott Dr., Suite 150
Allen, TX 75013
Phone (855) 966-1111
Fax (855) 855-0181

ACCOUNT TRANSFER INSTRUCTIONS

Policy/Account Owner		Insurance Company/Trustee/Financial Institution	
Owner Name:		Name:	
Address:		Address:	
City, State, Zip:		City, State, Zip:	
SSN/Tax ID:		Phone #:	
Annuitant Name:		Account #:	

Transfer Instructions

Account Type: ☐ Annuity ☐ Life Insurance ☐ Certificate of Deposit ☐ Other: _____

Please transfer/exchange my existing account and process as requested:

☐ All or ☐ Partial $ _____

☐ Immediately or ☐ Upon maturity date of _____

☐ To new policy account or ☐ Existing policy # _____

Non-Qualified Plans

☐ This transfer is for a non-qualified plan or account

For IRC§1035 exchanges, I assign and transfer to American Century Life Insurance Company of Texas (ACLIC) all rights and interests in the above policy/certificate for the sole purpose of effecting a tax-free transfer/exchange of the cash surrender value. This assignment shall not be effective until ACLIC accepts it in writing. If no exchange takes place, then this assignment becomes null and void. If this is a partial IRC§1035 exchange, information is requested with respect to the basis and gain on the account and will be provided to the IRS for tax reporting purposes.

Qualified Plans

Type of Transfer or Rollover:

☐ Trustee-to-Trustee Transfer
☐ Conversion to Roth IRA
☐ Direct Rollover (Eligible Rollover Distribution)

From Type of Plan:

☐ IRA, SEP ☐ 403(b) TSA
☐ Roth IRA ☐ 401(k)

To Type of Plan:

☐ IRA
☐ Roth IRA

Qualifying Event for Direct Rollover of Funds:

☐ Age 59½ ☐ Death
☐ Disability ☐ Plan Termination
☐ Severance of Employment ☐ Divorce

Required Minimum Distribution (RMD) Information:

A. Have you reached age 70½ or older in this calendar year? ☐ Yes ☐ No

B. Have you satisfied your RMD from the distributing plan? ☐ Yes ☐ No

If A is "Yes" and B is "No," then the transferring company MUST make any RMD before transferring funds.

The Owner(s) hereby authorize the current financial institution to provide information necessary to complete the requested transfer to ACLIC

Please liquidate and transfer the funds referenced above to ACLIC. I represent that my account/policy/contract is not assigned or pledged as collateral and is not subject to any lien or legal proceeding of any kind, including bankruptcy or divorce. ACLIC is not responsible for any expense, tax effect or surrender charge that may result from of this transaction. Unless required by law, please do not withhold any taxes from the proceeds.

☐ I certify that my policy # _____ with _____ has been lost or destroyed.

Please attach a complete copy of your most recent statement.

Client Name	Signature	Date
Joint Client Name	Signature	Date

To the prior Trustee: Please be advised that American Century Life Insurance Company of Texas hereby accepts appointment as successor custodian and will treat this transfer as a 1035 exchange.

Print Name	Signature	Date