



**AMERICAN SAVINGS LIFE INSURANCE COMPANY**  
 935 E. Main Street, Mesa, Arizona 85203-8849  
 (480) 835-5000 | (800) 880-2112  
 www.AmericanSavingsLife.com

## Qualified Account / IRA Transfer Form

### Transferring Institution:

COMPANY/CUSTODIAN	PHONE
ADDRESS	FAX
CITY, STATE, ZIP CODE	EMAIL

### Account Information:

OWNER (BENEFICIARY IF INHERITED IRA)	OWNER SSN
IF INHERITED IRA, DECEASED OWNER'S NAME	IF INHERITED IRA, DECEASED OWNER'S SSN
ACCOUNT/CONTRACT NUMBER	IF INHERITED IRA, RELATIONSHIP TO DECEASED
OWNER ADDRESS	OWNERS PHONE #

### Qualified Transaction Type:

<p>Transferring from:</p> <hr/> <input type="checkbox"/> Traditional IRA <input type="checkbox"/> Inherited Traditional IRA <input type="checkbox"/> Roth IRA <input type="checkbox"/> 401(k) Traditional <input type="checkbox"/> 401(k) Roth <input type="checkbox"/> Other: _____	<p>Transferring to American Savings Life to become:</p> <hr/> <input type="checkbox"/> Traditional IRA <input type="checkbox"/> Inherited Traditional IRA <input type="checkbox"/> Roth IRA (must be transferred from a Roth account)
<p>American Savings Life's Traditional IRA and Roth IRA contracts meet the requirements of IRC §408(b), §408A, §408(k) and §403(b)(1).</p>	

### Contract / Policy Statement: (Applicable only to Annuity product full surrenders)

Unless the surrendering company's policy/contract is attached, I affirm that the policy has been lost or destroyed and that reasonable effort has been made to locate it. To the best of my knowledge, no one else has any right, title or interest in the policy/contract nor has it been assigned, pledged, or encumbered.

### Required Minimum Distribution (RMD) Information:

When the account owner attains age 73, the IRS requires annual minimum distribution from qualified account(s). If this transfer is being made during the first year or afterwards for which you must take a Required Minimum Distribution (RMD), you may not transfer any distribution which would constitute a Required Minimum Distribution.

**The Transferring Institution would need to distribute the RMD amount prior to this transfer.**



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**Authorization:**

The undersigned owner authorizes the transferring institution to transfer:

All funds *or*  \_\_\_\_\_ % *or*  \$ \_\_\_\_\_ *or*  Maximum amount WITHOUT a Surrender Charge.

Transfer Immediately, *or*  Transfer upon Maturity / Anniversary Date of \_\_\_\_\_ ,  
*or*  Transfer date of: \_\_\_\_\_

I authorize disclosure of information to American Savings Life Insurance Company as necessary to complete the requested transaction. I understand that the rollover/transfer/exchange will be effective on the date the check is received.

By signing below, I authorize the transfer of the assets in the manner described above and certify that all of the information provided by me is correct and may be relied upon by the Trustee or Custodian. I understand that I am responsible for determining my eligibility to transfer within the limits set forth by tax laws, related regulations, and plan agreements. I assume responsibility for any tax consequences or penalties that may apply to the transfer of my account.

**X** \_\_\_\_\_ Date \_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Spouse's Signature (if required by Transferring Company) Date

\_\_\_\_\_  
Notary or Signature Guarantee (if required by Transferring Company)

Acknowledged this \_\_\_\_ day of \_\_\_\_\_, 20\_\_

County of \_\_\_\_\_, State of \_\_\_\_\_

**Acceptance of Funds by American Savings Life Insurance Company:**

American Savings Life Insurance Company is prepared to accept the assets as indicated in this document and will transfer the assets into a Qualified Annuity with American Savings Life Insurance Company. Please do not withhold any taxes from the amount being transferred.

American Savings Life Insurance Company (TIN #86-0113763) hereby requests that the above-documented surrender or partial withdrawal be transacted immediately or as directed above.

Please make check payable to: American Savings Life Insurance Company, FBO the Owner.

935 E. Main Street, Suite 100  
Mesa, AZ 85203-8849

\_\_\_\_\_  
Authorized Officer at American Savings Life Insurance Company's Home Office - Signature Date

\_\_\_\_\_  
Authorized Officer at American Savings Life Insurance Company's Home Office - Printed Name & Title Phone #