

Annuity Internal Transfer and Automatic Purchase Option

Certificate Number: _____ - _____ - _____
 Social Security Number/EIN

Annuitant / Owner Information:

 First Name MI Last Name Email Address

 Street Address City State Zip Code Date of Birth

Annuity Renewal/Transfer Request & DISCLOSURE INFORMATION

I _____, with this request the Serb National Federation (SNF Life) Renew/Internally Transfer my SNF Life Annuity.

- Please transfer \$ _____ to my existing Annuity Contract # _____
- Please Renew/Transfer my existing Annuity Contract stated above to a new: *(please select one)*
- Optimum Choice Optimum 2 Optimum 3 Genesis 5 Genesis 8
- _____ % _____ % _____ % _____ % _____ %
- Minimum Guaranteed Interest Rate:
- _____ % _____ % _____ % _____ % _____ %

PLEASE NOTE: If you select the same Annuity Plan, you will retain your contract number and receive a letter attesting to your processed request. However, if you choose a different Annuity Plan, when approved, you will be issued a New Annuity Contract reflecting the full disclosures associated with it.

Important Acknowledgements: I acknowledge any approved request to RENEW/TRANSFER an SNF Life Annuity will incur a new period for Early Withdrawals Charges. Additionally, I acknowledge the terms of these Early Withdrawal Penalty Charges respective to the following:

Optimum Choice: Year-1 6%, Year-2 5%, Year-3 4%, Year-4 3%, Year-5 2%

Optimum 2: Year-1 6%, Year-2 5%,

Optimum 3: Year-1 5%, Year-2 3%, Year-3 1%

Genesis 5: Year-1 6%, Year-2 5%, Year-3 4%, Year-4 3%, Year-5 2%

Genesis 8: Year-1 8%, Year-2 7%, Year-3 6%, Year-4 5%, Year-5 4%, Year-6 3%, Year-7 2%, Year-8 1%

Retain current Beneficiary: Yes, No, New Beneficiary:

- Beneficiary** **Contingent** (If additional space is needed, use a separate dated and signed sheet.)

 Name (first, Middle, Last) Social Security Number Date of Birth

- Beneficiary** **Contingent** (If additional space is needed, use a separate dated and signed sheet.)

 Name (first, Middle, Last) Social Security Number Date of Birth

Signatures - By signing below, I hereby represent that the statements and answers included herein are full, complete, and true, to the best of my knowledge and belief. Additionally, I certify that I have read and agree to the option chosen above. Furthermore, I understand that SNF Life does not offer financial, tax, and/or legal advice, and realize there may be tax implications as a result of this request. There has been no significant change in my financial status since the original annuity was issued.

Signed at: _____, on this _____ day of _____ 20____
 City and State Date Month Year

 Owner/Annuitant/Authorized Signature Agent/Witness Signature

Home Office Use: Date Accepted _____ - _____ - _____ Signature _____