

First SunAmerica

Life Insurance Company

First SunAmerica
Life Insurance Company
 Annuity Service Center
 P.O. Box 9006
 Amarillo, TX 79105-9006
 Telephone: 877.289.0256

Request to Transfer Funds to FSA Life Insurance Company

1. PERSONAL INFORMATION	
Owner: _____ Annuitant (if different from owner): _____ Address: _____ City/State/Zip: _____	Joint Owner: _____ Social Security Number: _____ Phone: _____
2. CONTRACT/POLICIES TO BE TRANSFERRED	
Account/Policy Number _____ The above contract(s) is <input type="checkbox"/> enclosed <input type="checkbox"/> misplaced	Company _____ Address _____ Phone _____
3. TYPE OF WITHDRAWAL	
<input type="checkbox"/> Total withdrawal <input type="checkbox"/> Partial Withdrawal _____ FROM <input type="checkbox"/> Annuities <input type="checkbox"/> Life Insurance	
4. SOURCE OF TRANSFER (For Direct Rollovers, use form number FSA 175)	
TYPE OF TRANSFER	
<input type="checkbox"/> Trustee-to-Trustee Transfer <input type="checkbox"/> IRA/SEP <input type="checkbox"/> Roth IRA <input type="checkbox"/> Other _____ <input type="checkbox"/> Liquidate on maturity date of _____ (Before the maturity date, I understand there may be a _____ <input type="checkbox"/> Immediately penalty.) Participants who are age 70 ½ or older may be required to take a required minimum distribution prior to completing this transaction, if this a complete transfer. <input type="checkbox"/> IRC Section 1035(a) Non-Taxable Exchange of Non-Qualified Funds	
<input type="checkbox"/> Non-Qualified Funds (Non-Insurance) <input type="checkbox"/> Certificate of Deposit: <input type="checkbox"/> Before the maturity date, I understand there may be a penalty <input type="checkbox"/> On the maturity date of _____ <input type="checkbox"/> Mutual Fund / Money Market	
ABSOLUTE ASSIGNMENT I do absolutely assign and transfer the above identified life/annuity contract to First SunAmerica Life Insurance Company (FSALIC), its successors and/or assigns, along with any and all claims, options, privileges, rights, title, and interest therein, and subject to all conditions of such contract as consideration and in exchange for an annuity contract to be issued by FSALIC in conformance with section 1035 of the Internal Revenue Code. All power, election, appointments, options or rights exercisable by me as owner of the contract (including the right to surrender this contract) are now exercisable by FSALIC, subject to acceptance by the issuing company. The contract I am assigning is not subject to any prior assignment. It is not subject to proceedings in bankruptcy, federal tax levy, collection proceedings or any other legal action. There is no outstanding loan on the contract. No coverage takes effect with FSALIC because of this assignment or any application for an FSALIC policy. The policy issued by FSALIC will be deemed to be issued in exchange for the contract listed above when the proceeds of such contract are received by FSALIC and applied to its policy. If a claim should arise before payment of the surrender value in full is received by FSALIC, the undersigned understands no insurance has taken effect with FSALIC and the undersigned agrees to look solely to the insurer of the contract number noted above for relief. For ALL 1035 Exchanges, please provide the cost basis information for the current policy.	
5. SIGNATURES	
I understand and agree that if I establish more than one non-qualified annuity contract with First SunAmerica Life Insurance Company (FSALIC) in the same calendar year, FSALIC will be required to treat all such contracts as a single contract for tax purposes. Such policies are referred to as "serial policies." I understand and agree that this means that because serial policies are treated as one policy, all interest must be withdrawn and taxes paid on each policy in succession before any withdrawals of principal are allowed. I also understand and agree that an exchange of one non-qualified annuity contract for multiple non-qualified annuity contracts issued by more than one insurance company may not qualify for treatment as a nontaxable Section 1035 exchange of contracts. I hereby authorize FSALIC to rely upon the information provided by the current insurer, trustee, or custodian, and to assume, in the absence of such information, that more restrictive and/or less beneficial tax rules apply to the amounts transferred. I request that the above referenced contract/policy/account(s) be liquidated and transferred to First SunAmerica Life Insurance Company. 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.	
Contract Owner: _____ Joint Owner: _____ Spouse/Irrevocable Beneficiary (if any) _____ Witness to all signatures: _____	Date: _____ Date: _____ Date: _____ Date: _____
6. ACCEPTANCE	
For transfers of tax-qualified funds, the new contract must meet the same Internal Revenue Code requirements as the existing contract. On the above authorization and/or assignment, please liquidate the above assets. Assets will be accepted in new contract # _____ or existing contract # _____ Make check(s) payable and mail to: First SunAmerica Life Insurance Company FBO: _____ SSN: _____ P.O. Box 871 Amarillo, Texas 79105-0871	
Or if IRA Transfer First SunAmerica Life Insurance Company FBO: _____ _____ _____ _____	
By: _____ Date: _____ FSA Life Insurance Company Representative/Title	