

Annuity Internal Transfer – Automatic Purchase Option

Certificate Number: _____

Annuitant / Owner Information:

First Name	MI	Last Name	Email Address
Street Address	City	State	Zip Code
Social Security Number/EIN		Date of Birth	

Annuity Renewal/Transfer Request & DISCLOSURE INFORMATION

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

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

Current Stated Crediting Rate:

_____ % _____ % _____ % _____ % _____ %

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 your New Annuity Plan.

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%

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 _____