

Existing Account Information

 Account/Policy/Contract Number to be Transferred: _____
 Transfer Company's Name and Phone Number: _____
 Participant Name: _____
 Participant Social Security Number: _____ Participant's Date of Birth _____
 Present Owner/Trustee/Custodian (if not Participant): _____
 Street Address: _____ City/State/Zip: _____

Required Minimum Distributions

- I will be less than 70 1/2 throughout this calendar year. No minimum distribution is required.
- I have already satisfied my minimum distribution requirements from this account and/or from other sources for the calendar year in which this transfer will occur.
- Prior to completing the transfer of funds to Transamerica, distribute my required minimum distribution amount to me. If additional forms are required, contact me immediately.

Transfer Information

 Transfer is for: Full Value Partial Value of \$ _____ Periodic Transfer (403(b) only)
 If applicable, transfer on Maturity Date of _____

 If **Periodic Transfer** is checked, under the provisions of Internal Revenue Code Section 403(b)(8), as amended, I hereby request that you:

- Annuitize the entire account to my credit over a _____ year period. (must be less than 10 years)
- Annuitize \$ _____ of the account value to my credit over a _____ year period. (must be less than 10 years)

 Please issue these rollover checks as instructed above at the following frequency: Monthly Quarterly
 Semi-annually Annually

Transfer from:

- 403(b) TSA
 Traditional IRA
 Governmental 457(b)
 Other _____

Transfer to:

- 403(b) TSA
 Traditional IRA
 SEP IRA
 Other _____

Please liquidate and surrender the full value or partial value as indicated above from the existing account/policy/contract.

 Make check payable and mail to: Transamerica Life Insurance and Annuity Company
 c/o R.W. Durham and Company
 21515 Hawthorne Blvd., Suite 355
 Torrance, CA 90503

 Please indicate on the check that it is for the benefit of: _____
Owner Name

Include the Participant's Social Security Number or Transamerica Contract/Certificate Number _____

Acknowledgements and Required Signature Section

The annuity contract being transferred is:

- Enclosed Lost or destroyed. I certify that the policy contract is lost or destroyed.

I certify that the policy/contract has not been assigned or pledged as collateral.

I agree that I am responsible for determining whether a transfer made using this form meets federal tax laws and IRS requirements relating to nontaxable transfers.

If transferring funds from a 403(b) TSA or other employer plan, I acknowledge that I received and read the required Explanation to Recipients (Section 402(f) Notice).

I understand that recent changes in federal/state tax laws and regulations may result in different tax consequences and restrictions impacting distributions from qualified plans. Moreover I understand that there are states that may not have conformed their laws to the recent federal tax law changes. I acknowledge that Transamerica Life Insurance and Annuity Company is only providing this form as an accomodation and is not providing tax or legal advice concerning this transaction. I have consulted with my own attorney or tax advisor concerning this transfer.

_____ Participant's Signature	_____ Owner/Trustee/Custodian's Signature (if other than Participant)	_____ Date
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Please provide the following account balances: 12-31-1986 _____ Current Balance Transferred: _____
 12-31-1988 _____

Letter of Acceptance

On behalf of the Company, we will accept the transferred funds as a tax free transfer under Sections 401(a), 402(c), 403(b), 408 or 408 (a) of the Internal Revenue Code as applicable.

_____ Authorized Signatory, Transamerica Life Insurance and Annuity Company TPA 303-502	_____ Title	_____ Date
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