

POLICY TRANSFER OR EXCHANGE



Mail, Email or Fax completed form to:
 Pacific Guardian Life Insurance Company
 1440 Kapiolani Blvd., Suite 1700, Honolulu, HI 96814
 Fax Number: (808) 942-1235 • Email: MYGA@pacificguardian.com

Contact us:
 Policyholder Service: (800) 367-5354
 ClientRelations@pacificguardian.com

Current Trustee/Insurance Company/Financial Institution ("FI")	Policy/Account Owner Name
Street Address of Current Trustee/ Ins. Co./FI	Owner Social Security Number(s) or Tax I.D. Number(s)
City, State, ZIP of Current Trustee/ Ins. Co./FI	Joint Policy/Account Owner Name (if applicable)
Telephone Number of Current Trustee/ Ins. Co./FI	Joint Owner Social Security Number(s) or Tax I.D. Number(s)
Fax Number of Current Trustee/ Ins. Co./FI	Annuitant/Insured Name(s) (if other than owner)
Policy/Account Number(s) at Current Trustee/Ins. Co/FI	Joint Annuitant/Insured Name(s) (if other than joint owner)

<p>TRANSFER INSTRUCTIONS: Please transfer the policy/account values indicated below: <input type="checkbox"/> Partial: Transfer policy/account/certificate value totaling \$ _____ <input type="checkbox"/> Complete: Transfer all policy/account/certificate values. Surrender if an annuity policy. Approximate Transfer Amount: \$ _____ (Please estimate amount of transfer if a complete transfer) Requested Date of Transfer (if not immediate): _____</p>	<p>QUALIFIED TYPE OF TRANSFER:</p> <p>From: <input type="checkbox"/> IRA <input type="checkbox"/> SEP <input type="checkbox"/> Tax-Sheltered Annuity {403(b)} <input type="checkbox"/> 401(k) Qualified Savings Plan <input type="checkbox"/> Roth IRA <input type="checkbox"/> Other _____</p> <p>To: <input type="checkbox"/> IRA <input type="checkbox"/> SEP <input type="checkbox"/> Roth IRA* * <input type="checkbox"/> If transfer is a conversion to ROTH, I elect tax year _____</p> <p>Type of Qualified Transfer or Rollover: <input type="checkbox"/> Direct Transfer <input type="checkbox"/> Non-Direct Rollover <input type="checkbox"/> Direct Rollover</p> <p><i>Fill-in estimated transfer amount for Complete Transfers and exact transfer amount for Partial Transfers.</i></p>
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FULL 1035 EXCHANGES: I, the owner, assign and transfer to Pacific Guardian Life all (or such portion as indicated above) rights and interest in the above noted policy/certificate for the sole purpose of effecting a transfer exchange under Section 1035 of the Internal Revenue Code.

<p>NON-QUALIFIED TYPE OF TRANSFER:</p> <input type="checkbox"/> Non-Qualified Policy/Account Values, 1035 Exchange <input type="checkbox"/> Non-Qualified Funds, Non-1035 Exchange from: <input type="checkbox"/> Mutual Fund <input type="checkbox"/> Bank CD <input type="checkbox"/> Other Non-Qualified Asset	<p><input type="checkbox"/> Retirement Plan to an IRA:</p>
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REQUIRED MINIMUM DISTRIBUTION (RMD) INFORMATION FOR QUALIFIED (Non ROTH) PLANS ONLY:

A) Have you reached age 73 or older in this calendar year? Yes No (If the answer to A is YES, you are certifying that B is true.)
 B) I certify that my RMD has been made or will be made prior to transfer.

FOR ALL TRANSFERS: As the owner(s) of the policy/account/certificate indicated above, I (we) request the above transfer to Pacific Guardian Life Insurance Company (PGL). I (we) represent and warrant that said policy/account/certificate has not been assigned or pledged as collateral or for any other reason and is not subject to any lien, encumbrance, or legal proceedings of any kind, including bankruptcy. I (we) am (are) responsible for continuing any premium payment for my (our) current policy/account/ certificate (if necessary to keep the policy/account/certificate in force) until the surrendering company mails the policy/account/certificate proceeds to PGL. I (we) further agree that PGL is not responsible for the tax effect of this transfer. I (we) understand that I (we) am (are) responsible for all surrender charges and/or fees that result from this transfer. Please do not withhold any amount for taxes from the proceeds unless requested by me (us) to do so or as otherwise required by law.

My Annuity/Life policy

ENCLOSED NOT APPLICABLE

LOST/DESTROYED: I/we hereby declare under penalty of perjury that the above numbered contract has been lost or destroyed; that it has not been delivered to any person having any right, title or interest in it.

Taxpayer Identification Number Certification

Under penalty of perjury, I, the Proposed Owner/Joint Owner, certify the following:

1. My Social Security Number or taxpayer identification number shown on this form is correct;
2. I am not subject to backup withholding due to failure to report interest or dividend income on your tax return;
3. I am a U.S. citizen or other U.S. person (as defined in the Internal Revenue Code); and
4. I am not subject to Foreign Account Tax Compliance Act reporting as I am a U.S. Person and the account is located within the United States.

Certification Instructions - You must cross out and initial item 2 above if you have been notified by the IRS that you are currently subject to backup withholding. If you are not a U.S. citizen or other U.S. person for tax purposes, please cross out and initial certifications 3 and 4 and complete and return to us the appropriate IRS documentation.

Community property state: If you live in a community property state or jurisdiction (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, Wisconsin, Guam, and Puerto Rico), your spouse is living and your spouse is not the joint owner, your spouse should also sign on the "Signature of Joint Policy/Account Owner or Spouse" line below.

X _____ _____ _____ _____
 Signature of Policy/Account Owner Date Signature of Agent Date

X _____ _____
 Signature of Joint Policy/Account Owner/Spouse Date

Medallion Signature Guarantee (in relation to signatures above, if required):



PLACE STAMP IN AREA ABOVE

LETTER OF ACCEPTANCE BY PACIFIC GUARDIAN LIFE (FOR OFFICE USE ONLY)

Pacific Guardian Life (PGL) acknowledges the approval of the application received from the Owner(s) to establish an account for this transaction to the extent shown above. PGL will accept the 1035 exchange, transfer or rollover shown to be credited to the account of the Owner(s).

Make check payable to: Pacific Guardian Life Insurance Company • FBO the owner(s) noted above.

Mail to: Pacific Guardian Life Insurance Company, Limited
1440 Kapiolani Blvd, Suite 1700
Honolulu, HI 96814-3698

_____ _____ _____
 Pacific Guardian Policy Number Authorized Signature/Title Date