



FARMERS LIFE INSURANCE COMPANY

Rollover, Transfer or Exchange Request Client Letter of Instruction

(Please note that the Rollover, Transfer or Exchange Request form must be remitted with this document.)

Please accept this Letter of Instruction in regard to accessing information related to my existing policy rollover, transfer or exchange.

I hereby authorize my agent/representative _____ to receive
Agent name

communication/information from _____ on
Insurance carrier name

_____ in regard to said rollover/transfer/exchange.
Policy number

Information may include, but is not limited to, the date paperwork is received from Farmers Life Insurance Company, processing turnaround time, the amount of funds being sent to Farmers Life Insurance Company, overnight or regular mail, or any outstanding requirements that might hold up the release of funds.

Annuity owner full name

Annuity owner signature

Date signed