

Bankers Conseco Life Insurance Company
ATTN: Policy Administration
11825 N Pennsylvania St
Carmel, IN 46032
Fax: (312) 324-5060
Email: CSAnnuity@BankersLife.com

Roth IRA Conversion Request Form

Policy number: _____

Owner's name: _____

Address: _____

I am requesting conversion of my traditional IRA (policy number listed above) to a Roth IRA.

By requesting this conversion, I understand that:

- My original policy number listed above will not change and I will not be issued a new policy;
- A 1099R form will be mailed to me at the above stated address the following January after the conversion is made; and
- Up to the entire value of my existing IRA may be taxable at the time of reclassification* to a Roth IRA.

I understand that this change won't take effect until my request is approved by the Company.

Owner sign here:

x _____ Date: ____/____/____

**Insurers and their representatives are not permitted by law to offer tax or legal advice. The general and educational information here was written to support the sales, marketing or service of insurance policies offered by Bankers Conseco Life Insurance Company. Based upon individuals' particular circumstances and objectives, they should seek specific advice from their own qualified and duly-licensed independent tax or legal advisers. No one may rely upon or use the information here for the purpose of avoiding any tax or tax penalty that may be imposed by the Internal Revenue Code or other applicable law.*