



Affiliate:
Annuity Investors Life Insurance Company®

Administrator for Loyal American Life Insurance Company®

Fixed & Fixed Indexed Annuities: PO Box 5420, Cincinnati OH 45201 / 800-854-3649 / 800-482-8126 Fax
 Registered Index-Linked Annuities: PO Box 5423, Cincinnati OH 45201 / 800-789-6771 / 800-807-9777 Fax
 Variable Annuities: PO Box 5423, Cincinnati OH 45201 / 800-789-6771 / 513-768-5115 Fax
 Overnight Address: 191 Rosa Parks St, Cincinnati OH 45202

IRA Tax Qualification Change Request Form

REVIEW LIMITATIONS BELOW BEFORE COMPLETING THIS FORM

- ***This election is not available on all contracts.*** The existing contract must be able to accept funds under the new tax qualification. If the contract does not accept funds under the new tax qualification, the policy holder will need to surrender the existing contract and purchase a new contract that does accept such funds.
- If the owner/participant will be age 72 or older (or age 70 ½ or older for those born on or before 6/30/1949) in the current calendar year, an RMD must be paid before any change that is intended as a rollover.

1. OWNER/PARTICIPANT INFORMATION (PLEASE PRINT)

Owner Name:	Contract Number:
Address:	Social Security Number:
City/State/Zip:	Preferred Contact Phone #: <input type="checkbox"/> Home <input type="checkbox"/> Cell

2. CURRENT TAX QUALIFICATION OF CONTRACT (MUST CHECK ONE)

- Traditional IRA**
- SEP IRA**
- Simple IRA** (Must be at least 2 years after first contribution.)
- Roth IRA** (Only if change to Traditional or SEP IRA and request received by the due date, including extensions, of federal income tax return for the year for which the Roth IRA was established.)

3. NEW TAX QUALIFICATION OF CONTRACT (MUST CHECK ONE)

- Traditional IRA**
- SEP IRA**
- Roth IRA**

4. CONTRACT OWNER ACKNOWLEDGEMENT AND SIGNATURE AUTHORIZATION

I HEREBY CERTIFY THAT I AM ELIGIBLE for the requested transaction as noted above.

I understand that the funds will stay within the same annuity contract and all prior contract provisions will continue to apply except for modifications directly related to the change in tax qualification. I understand that after the change contributions may be made to my annuity contract only to the extent permitted under the annuity contract and the new tax qualification.

If an existing annuity contract is being converted to a Roth IRA, I understand that the full value of my annuity contract will be reported as a taxable distribution to me in the year of the conversion. No income tax will be withheld on the amount of the rollover or conversion. I will be liable for payment of all applicable federal and state income taxes on the taxable portion of the conversion. I may also be subject to penalties under the estimated tax rules if my withholding and estimated tax payments, if any, are not adequate.

I authorize MassMutual Ascend or Affiliate to complete this request.

Owner Signature:	Date:
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