



Eagle Life Insurance Company®

P.O. Box 71279

Des Moines, Iowa 50325-0279

Telephone: (866) 526-0995

www.eagle-lifeco.com

Overnight Address: 6000 Westown Parkway, West Des Moines, IA 50266

Fax: (515) 457-1911

ROTH IRA CONVERSION

Contract Number _____ Contract Owner _____

ROTH IRA CONVERSION INFORMATION

Tax Year _____

SELECT ONE:

Full Roth Conversion

Partial Roth Conversion

Dollar Amount to be converted _____ Net Gross

FEDERAL/STATE WITHHOLDING INSTRUCTIONS (MUST BE COMPLETED)

You must indicate if federal/state income tax should be withheld from your payment. Even if you elect not to have federal/state income tax withheld, you are liable for federal/state income tax on the taxable portion of your benefits. You also may be subject to tax penalties under the estimated tax payment rules if your payment of estimated tax and withholding, if any, is not adequate. If you have any questions about your tax liability, please contact your tax advisor. You have the right to revoke this election at any time.

Select One:

I **DO NOT** want federal/state income tax withheld from my payment.

I **DO** want federal/state income tax withheld from my payment.
(The minimum amount of tax withholding is \$10.00)

FEDERAL _____% STATE _____%

In which state do you file your taxes? _____

If you are a tax resident in any of the following states/jurisdictions please see state specific instructions below: **ARIZONA, IOWA, KANSAS, MAINE, MASSACHUSETTS, MICHIGAN, NEW YORK, NEBRASKA, or OKLAHOMA**

STATE SPECIFIC INSTRUCTIONS:

ARIZONA residents: If you want to have Arizona state taxes withheld, you must submit form A-4P.

MICHIGAN residents: State taxes will be withheld at the statutory rate unless you submit form MI W-4P.

IOWA, KANSAS, MAINE, MASSACHUSETTS, NEBRASKA, or OKLAHOMA residents: If federal withholding is elected, applicable state withholding will be withheld.

NEW YORK residents: If you want to have New York state taxes withheld, you must submit form IT-2104-P. Withholding is only permitted on payments payable over a period of longer than one year

TAX PAYER IDENTIFICATION NUMBER (MUST BE COMPLETED)

Social Security Number

OR

Employer Identification Number

X _____
Owner's Initials



Eagle Life Insurance Company®

P.O. Box 71279

Des Moines, Iowa 50325-0279

Telephone: (866) 526-0995

www.eagle-lifeco.com

Overnight Address: 6000 Westown Parkway, West Des Moines, IA 50266

Fax: (515) 457-1911

ROTH IRA CONVERSION

CONSENT OF SPOUSE

If the contract owner(s) resides in AZ, CA, ID, LA, NV, NM, TX, WA, or WI, spousal consent, or the consent of any individual who is established by law as being a party to a legally recognized domestic relationship according to the laws of the state of the owner's domicile, is required to complete this transaction, acknowledged by signing below. Failure to include the signature may result in a delay or inability to process the requested transaction. Unless otherwise provided on this form the Company shall be entitled to rely on its good faith belief that no community property interest exists and assumes no responsibility for inquiry. All persons signing this form agree to indemnify and hold the Company harmless from the consequences of accepting this transaction.

X _____
Spouse Signature Date

TAX IDENTIFICATION CERTIFICATION (SUBSTITUTE W-9)

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number; and
2. I am not subject to backup withholding due to failure to report interest and dividend income; and
3. I am a U.S. Citizen or other U.S. Person (defined in the W-9 instructions).

Certification Instructions: You must strike out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding.

PLEASE SIGN & DATE BELOW

I acknowledge by signing this form that converting all or part of the above named IRA to a Roth IRA will create a taxable event for the year of election. A 1099-R reporting the elected conversion amount as taxable will be sent out for the year in which election was made. I agree that the provisions governing Roth IRAs in the Individual Retirement Annuity Endorsement shall apply to this contract.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

X _____
Contract Owner's Signature Phone Number Date