
**3. NON-QUALIFIED ANNUITY, ENDOWMENT OR LIFE INSURANCE CONTRACT:
AUTHORIZATION FOR 1035 TAX-FREE EXCHANGE**

Please confirm the availability of these options with both the surrendering and receiving company.

Full Exchange

If purchasing a Life Insurance policy, select any of the following that apply:

Loan Carry Forward (Not available for annuities) Specify Loan Amount: \$ _____
See Note E. below.

Modified Endowment Contract (MEC)

Partial Exchange (Applicable to Annuity Contracts Only)

I wish to request a partial 1035 Exchange from the aforementioned annuity contract in the amount of:

\$ _____ or _____ % , or

Penalty Free Amount (This amount is subject to change based on the product provisions. Please check with the surrendering company to verify the amount)

- A. I fully assign and transfer all claims, options, privileges, rights, title and interest to either all of the life insurance policy, all of the annuity contract or part of the annuity contract value identified in the Contract Information section on page 1 to the receiving company. The sole purpose of this assignment is to effect a tax-free exchange under Section 1035(a) of the Internal Revenue Code. All of the powers, elections, appointments, options and rights I have as owner of the contract, including the right to surrender, are now exercisable by the receiving company. Simultaneous with a full assignment, I also revoke all existing beneficiary designations under the Assigned Policy. Other than the above mentioned owner, no person, firm, or corporation other than myself and the insurer that issued the above numbered policy, has an interest in said policy. No proceedings in insolvency or bankruptcy have been instituted by or against me. I understand that the receiving company intends to surrender the contract for the cash value; or if this is a partial exchange, the portion assigned, subject to its terms and conditions, and to use the proceeds as the purchase payment for the new contract to be issued by the receiving company. I authorize the surrendering company to send the proceeds directly to the receiving company and understand that fees and surrender charges may apply. This exchange is subject to acceptance by the receiving company. The receiving company is not liable for changes in market value that may occur before the proceeds are received by the receiving company in good order and allocated to the new contract. Prior to the date of receipt of the proceeds by the receiving company, no value will accrue or be earned on the receiving company contract.
- B. If this is a partial exchange, I understand that it is subject to Revenue Ruling 2003-76, which dictates how much of the original contract's cost basis must be allocated to the new contract. The cost basis should be allocated ratably between the two contracts based on the percentage of the value retained in the original contract and the percentage of the value transferred to the new contract. For example, if the contract value is \$100,000 and basis is \$50,000, and I assign 30% for a partial exchange, then \$15,000 (30% of \$50,000) of the basis would be applied to the new contract. I understand that the IRS has raised concerns about annuity contract owners using partial exchanges to avoid income tax, and I certify that I am not entering into this transaction for the purpose of reducing or avoiding income tax or the 10% penalty tax for early withdrawals.

I expressly represent that the sole purpose is to effect a partial 1035 exchange of an annuity contract. However, I acknowledge that pursuant to Revenue Procedure 2008-24, withdrawals from annuitization, taxable owner or annuitant changes, or surrenders of either the original contract or the new contract during the 12 month period following the partial exchange will retroactively negate the partial exchange unless one of the following applies:

- I take a withdrawal that is allocable to pre-8/14/82 investment in the contract; or
- I reach age 59 ½, become disabled (as defined by Internal Revenue Code section 72(m)(7)), die, obtain a divorce, or suffer a loss of employment after the partial exchange was completed.
- I take a withdrawal from a qualified funding asset under Internal Revenue Code section 130(d).

I acknowledge that the receiving company has made no representations concerning any tax treatment of this transaction. I understand that the receiving company has neither responsibility nor liability for the validity of this transaction or for my treatment under Section 1035(a) of the Internal Revenue Code or otherwise. Therefore, I agree to release and hold harmless the receiving company and its agents from any and all liability arising from, relating to, or in connection with, the taxation of a partial exchange of the above listed contract. I have been directed to consult my tax or legal advisor before proceeding.

- C. I authorize the receiving company to rely upon the cost basis information provided by the surrendering company, but agree that the receiving company will assume no responsibility for determining or verifying cost basis. If cost basis is not provided, I acknowledge that more restrictive or less beneficial tax rules may apply to the amounts transferred. I acknowledge that the receiving company provides this form and participates in this transaction as an accommodation to me. The receiving company does not give tax or legal advice on the tax consequences for replacing one contract for another, and assumes no responsibility or liability for the validity of this assignment or for the tax treatment of this exchange under IRC Section 1035(a) or other laws or regulations.

**3. NON-QUALIFIED ANNUITY, ENDOWMENT OR LIFE INSURANCE CONTRACT:
AUTHORIZATION FOR 1035 TAX-FREE EXCHANGE (continued)**

- D. I agree that if the receiving company, in its sole discretion, determines that it is unlikely to receive timely payment of the full contract cash surrender values, the receiving company may reassign ownership of the policy/contract back to me.
- E. LOAN CARRY FORWARD - IF THE BOX ABOVE IS NOT CHECKED, THE RECEIVING COMPANY WILL ASSUME THAT THE LOAN(S) IS/ARE NOT TO BE CARRIED FORWARD. If this box is checked, I request that the policy to be issued by the receiving company be subject to indebtedness equal to the loan on the existing policy. I acknowledge that when issued, the provisions of the receiving company policy will apply to the indebtedness and that the benefits and values of that policy will be reduced accordingly for the amount loaned and interest. I understand that the receiving company may not process this request prior to issuing a policy under the following conditions: Surrender value is insufficient as determined by the receiving company policy's specifications or the existing insurer does not provide confirmation of cost basis with acknowledgement of loan carried forward.

4. TRANSFER OF FUNDS FROM NON-INSURANCE ACCOUNTS TO NON-QUALIFIED ANNUITIES

- Mutual Fund Shares Certificate of Deposit (CD) Brokerage Account

Investment Description: _____

I wish to liquidate and transfer:

- Entire Value or Partial Value, in the amount of: \$ _____ or _____ % of
the above referenced account directly to the receiving company.

Please indicate a specific maturity date in the SPECIAL INSTRUCTIONS FOR LIQUIDATING EXISTING CONTRACT OR ACCOUNT section.

The receiving company will apply all such funds received to an annuity contract issued to me. I understand that the receiving company assumes no responsibility for tax treatment of this matter and I shall be responsible for payment of all federal, state and local taxes incurred with respect to the liquidation of such account. I acknowledge that the earnings credited under the annuity contract will begin to accrue when the receiving company receives these proceeds and all other necessary paperwork in good order.

**5. TAX-QUALIFIED RETIREMENT ACCOUNTS / CONTRACTS REQUEST FOR DIRECT ROLLOVER / TRANSFER:
Please confirm the availability of these options with the receiving company.**

A. Transferred from:

- | | | | | |
|--|--------------------------------------|---|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Traditional IRA | <input type="checkbox"/> SEP- IRA | <input type="checkbox"/> SIMPLE IRA | <input type="checkbox"/> Roth IRA* * | <input type="checkbox"/> Pension Plan |
| <input type="checkbox"/> 401(a) | <input type="checkbox"/> 401(k) | <input type="checkbox"/> 401(k) Designated Roth Account | | <input type="checkbox"/> 457(b) Plan |
| <input type="checkbox"/> TSA 403(b) * | <input type="checkbox"/> Other _____ | | | |

* * Roth IRA funds can be transferred only to another Roth IRA.

* All existing TSA loans must be reconciled with your current carrier prior to the transfer.

Authorization for a TSA 403(b) transfer to a TSA 403(b):

This request for the direct transfer of non-ERISA assets from the TSA 403(b) (annuity contract) or 403(b)(7) (custodial account) identified in Section 1 of this form to a TSA 403(b) (annuity contract) established on my behalf by the receiving company. I hereby agree to surrender my interest as indicated above and authorize the receiving company to take whatever action necessary to effect this transfer. I further agree that the transferred funds shall be subject to the more stringent restrictions on distributions found in either the predecessor annuity contract or the receiving annuity contract. I intend this transaction to be a 403(b) transfer of funds pursuant to IRS final regulations. It is to be executed from financial institution to financial institution in such manner that it will not place me in actual or constructive receipt of all or any part of the transferred funds. Because this transaction constitutes a transfer of funds and not a distribution, withholding does not apply. (Provide the receiving company with any records or documents they may request with respect to this transfer.)

I understand that the failure of a transfer to meet all of the requirements of Treasury Regulation Section 1.403(b)-10(b)(2) or Treasury Regulation Section 1.403(b)-10(b)(3) can result in the disqualification of the annuity into which the transfer is completed, as well as all other 403(b) annuities owned by me. I have been advised to consult with my legal advisor before making a transfer of a 403(b) contract.

B. Complete for all Transfers:

Note: Employer / Third Party Administrator must acknowledge by signing in Section 10.

I wish to liquidate and transfer from my present qualified account to the contract / policy I have established through the receiving company:

- Entire Value or Partial Value, in the amount of: \$ _____ or _____ % , or
 Penalty Free Amount (This amount is subject to change based on the product provisions.
Please check with the surrendering company to verify the amount)

6. SPECIAL INSTRUCTIONS FOR LIQUIDATING EXISTING CONTRACT OR ACCOUNT

By executing this form, I authorize the full or partial liquidation of my existing contract or account in accordance with the sections completed above. I hereby instruct the parties to process that liquidation:

- As soon as possible after receipt of all necessary forms
- On a specific date: _____
(Date must be prior to the maturity date of the existing contract)
- At Maturity Date: _____

If no box is checked, I understand that the liquidation will be done as soon as possible. Proceeds should be transferred to the receiving company immediately following liquidation.

7. RETURN OF LIFE INSURANCE POLICY OR ANNUITY CONTRACT

Does not apply to partial 1035 exchanges on annuity contracts. Unless the surrendering company's policy or contract is attached, I affirm that the policy or contract has been destroyed or lost and that reasonable effort has been made to locate it. To the best of my knowledge no one else has any right, title or interest in the contract, nor has it been assigned, pledged or encumbered, unless this is a life insurance policy with a loan to carry forward.

8. MAXIMUM ISSUE AGE DISCLOSURE

An annuity contract may not be issued should the funding requirements be received after reaching maximum issue age for the annuity contract applied for. If the funds are received after the maximum issue age, the contract may be rejected and the funds returned to their original source. The surrendering company may or may not take the funds back, which could result in a taxable event.

9. TAXPAYER IDENTIFICATION NUMBER CERTIFICATION

Under penalties of perjury, I certify that:

1. The number on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. person (including a U.S. resident alien).

Certification instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

10. SIGNATURES

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

Signature of Owner / Plan Administrator / Trustee	Date (mm/dd/yyyy)
Signature of Joint Owner / Co-Trustee (if applicable)	Date (mm/dd/yyyy)
Signature of Proposed Insured (Life Only)	Date (mm/dd/yyyy)
Signature of Spouse (Required in AZ, CA, ID, LA, NV, NM, TX, WA and WI only)	Date (mm/dd/yyyy)
Signature of Irrevocable Beneficiary (if applicable)	Date (mm/dd/yyyy)

Signature Guarantee (if applicable) (A separate guarantee is needed for each signature)

FOR TSA/403(b) TO TSA/403(b) TRANSFERS ONLY - EMPLOYER / THIRD PARTY ADMINISTRATOR SIGNATURE

By signing below, I am acknowledging that:

- a) I am authorizing this transfer / rollover request.
- b) I am confirming that there is an information sharing agreement in place with the receiving company under 403(b) regulations.
- c) All information provided on this form is accurate.

Print Name of Employer or Third Party Administrator	Title of Employer or Third Party Administrator
Signature of Employer or Third Party Administrator	Date (mm/dd/yyyy)

11. REMARKS

12. ACCEPTANCE OF 1035 EXCHANGE / TRUSTEE TRANSFER / DIRECT ROLLOVER
For the receiving company's use only

a) For Full 1035 Exchanges:

By signature of an authorized officer below, the receiving company accepts assignment of the above contract for purposes of complying with the client's intention of effecting a nontaxable exchange under IRC Section 1035. Please issue a check payable to the receiving company, the owner of the contract, for the full cash surrender value of the contract. Because the receiving company must know the cost basis, we request that you forward this information with the surrender check to the address provided.

Note: Any income on the exchange of this contract should be reported to the previous policy owner, not to the receiving company.

b) For Partial 1035 Exchanges:

By signature of an authorized officer below, the receiving company accepts the assignment of a portion of the value of the above annuity contract for purposes of complying with the contract owner's intent to effect a non-taxable partial exchange under IRC Section 1035. Because the receiving company has to obtain the contract owner's cost basis, we request that you forward this information to the receiving company with a surrender check to the address provided.

c) For Trustee Transfers / Direct Rollovers from Tax-Qualified Accounts / Contracts:

The receiving company will deposit funds received into a:

- | | | | | |
|--|--------------------------------------|---|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> Traditional IRA | <input type="checkbox"/> SEP- IRA | <input type="checkbox"/> SIMPLE IRA | <input type="checkbox"/> Roth IRA | <input type="checkbox"/> Pension Plan |
| <input type="checkbox"/> 401(a) | <input type="checkbox"/> 401(k) | <input type="checkbox"/> 401(k) Designated Roth Account | | <input type="checkbox"/> 457(b) Plan |
| <input type="checkbox"/> TSA 403(b) | <input type="checkbox"/> Other _____ | Account #: _____ | | |

Print Name of Authorized Officer

Title of Authorized Officer

Signature of Authorized Officer

Date (mm/dd/yyyy)