

**AGREEMENT EXCHANGE OF INSURANCE POLICIES
UNDER SECTION 1035 OF THE INTERNAL REVENUE CODE**

To initiate the transfer of an existing life insurance policy or annuity contract from your current financial institution, please complete sections 1, 2, 3 and 4 in ink and promptly mail this form back to us in the enclosed envelope. Once your 1035 Exchange Form is reviewed by our Underwriting Staff it will immediately be sent to your current financial institution for processing. If you have any questions, please contact our Annuity Staff at (800) 886-7656.

1. APPLICANT INFORMATION

Applicant (Full Name) _____ Joint Applicant _____

Address _____

Telephone Number (_____) _____ Email Address _____ - _____

2. PROVIDE CURRENT FINANCIAL INSTITUTION

Financial Institution _____ Telephone Number (_____) _____

Address _____

3. PROVIDE INSTRUCTION FOR CURRENT FINANCIAL INSTITUTION

Policy/Contract Numbers _____

Policy/ Contract Owner(s) _____ Annuitant _____

CHECK ONE Full Liquidation/Transfer Partial Liquidation/Transfer \$ _____ or _____ %

4. PROVIDE AUTHORIZATION TO TRANSFER FUNDS

I am the owner of the above policy/contract, and I hereby make a complete and absolute assignment and transfer to the Slovak Catholic Sokol (Society) in an exchange intended to qualify under Section 1035(a) of the Internal Revenue Code. As such, I understand that the Certificate to be issued by Society must have the same Owner and/or Annuitant as the above policy/contract. I verify that the policy/contract is currently in force and that it has not been assigned or pledged as collateral. I understand that there may be a surrender charge and/or early withdrawal fee on the policy/contract I am liquidating.

I understand that Society assumes no responsibility or liability for my tax treatment under Section 1035(a) of the Internal Revenue Code. I agree that if Society does not receive timely payment or partial cash surrender value, the policy/contract may be assigned back to me.

I request that my name not appear as a joint payee on the check, nor shall any endorsement be necessary for the transfer or deposit.

Signature of Owner Date

Signature of Owner Date

Please make check payable to: Slovak Catholic Sokol for the benefit of (Owners Name)
Please mail check and cost basis information to: Slovak Catholic Sokol, 205 Madison Street, PO Box 899, Passaic, NJ 07055

5. PROVIDE AUTHORIZATION TO TRANSFER FUND

Society agrees to accept the transfer of assets. The surrender represents a transfer of funds to Society to qualify as an exchange under Section 1035(a) of the Internal Revenue Code. When we receive the funds, we will issue a Certificate to the applicant, provided all insurance rules are met. If not, we will return the funds to the current financial institution.

Scott T. Pogorelec, FIC, Supreme Secretary Date

Your immediate action is appreciated. If you have any questions regarding this funds transfer, please call (973) 777-2605