

# Application Forms Package Checklist

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## Form Requirement Details

No Additional Form Requirements

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**Fully Underwritten:** Yes  
**Fund Source:** Non-Annuity  
**1035 Exchange:** Yes

**Product:** Sing. Prem. Whole Life  
**Existing Insurance or Annuity:** Yes  
**InSpeed App:** No

**State:** KY  
**Replacement:** Yes

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There will be a 1035 tax-free exchange on the policy.

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Form	Description
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Agent's Name: \_\_\_\_\_

Client's Name: \_\_\_\_\_

# Exchange Agreement

**Complete a separate form for each existing insurer.** This form must be dated the same date as the application for the new insurance to qualify as a tax-free exchange. If an assignment is now in effect on any existing policy listed below, the person to whom it is assigned must also sign this form. **ALL POLICIES LISTED BELOW MUST BE ATTACHED.**

<p><b>OWNER/INSURED</b></p> <p>Name of Insured _____</p> <p>Social Security No. _____</p> <p>Name of Owner _____</p> <p>Social Security No. _____</p> <p>I certify that the tax identification number on this form is true, correct and complete.</p>	<p><b>CURRENT INSURER</b></p> <p>Existing Insurer _____</p> <p>Address _____</p> <p>City, State, ZIP _____</p> <p>Telephone No. _____</p> <p>*Existing policy must be on the same Primary Insured and Owner as the new policy to qualify as a tax-free exchange.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Life Insurance 100%</td> <td style="width: 50%; text-align: center;">Annuity _____% of Cash Value</td> </tr> </table> <p>*Policy No. _____</p> <p>*Policy No. _____</p> <p>*Policy No. _____</p> <p>*Policy No. _____</p>	Life Insurance 100%	Annuity _____% of Cash Value
Life Insurance 100%	Annuity _____% of Cash Value		
<p><b>FOR HOME OFFICE USE ONLY – Section must be complete before submitting to existing company.</b></p>			
New Policy No. _____	Primary Insured _____		
<p><input type="checkbox"/> LIFE    <input type="checkbox"/> ANN.    <input type="checkbox"/> NQ    <input type="checkbox"/> SPAIR    <input type="checkbox"/> New issue pending approval    <input type="checkbox"/> Existing contract</p>			

## ABSOLUTE ASSIGNMENT OF OWNERSHIP

I hereby transfer and assign to The Baltimore Life Insurance Company ("Company") all or part of my ownership rights in the policy (policies) listed above. I attest that:

1. I have not made any other assignment of the policy (policies) which is (are) now in effect.
2. No legal proceedings are pending against me by creditors or others.
3. A petition for bankruptcy has not been filed by or against me.

The Company is entering into this agreement at my request. The Company makes no representations concerning, nor is it liable for, my tax treatment either for this exchange under Section 1035 or any other section of the Internal Revenue Code. The Company is not liable in the event this assignment is invalid. If the surrendering company does not provide a cost basis, the Company will determine the basis based on the best information available. A pro-rated basis should be provided for a partial exchange of an annuity.

The Company will not take any action to surrender all or part of my policy (policies) until it has issued the new insurance as I applied for or which I have accepted.

## POLICY EXCHANGE AGREEMENT

The following is agreed to in consideration for the Company issuing the new policy which I have applied for:

1. I understand that only transfer of the existing policy proceeds to the new policy on the same primary insured will qualify as a tax-free exchange under Section 1035 of the Internal Revenue Code. I do not want any money paid as a result of the surrender or partial withdrawal of my existing policy (policies) to be included in my gross income under Section 72 (e) of the Internal Revenue Code.
2. I am responsible for paying the first premium on the new policy and continuing my existing policy (policies) in effect until surrendered (approximately two to four months). If this is a partial exchange of annuity, I will continue to pay premiums if due on the existing policy.
3. The Company will use my assignment to request surrender or complete a partial withdrawal of my existing policy (policies) and apply any proceeds to my new policy. If I am a Baltimore Life policyowner, the Company WILL CHARGE the percent of premium fee on the cash value transferred to an interest sensitive product. The Company will withdraw the dividends from the Baltimore Life policy (policies) listed above and apply them to the premium but WILL CHARGE the percent of premium fee on the dividends.



**The Baltimore Life Insurance Company**  
 10075 Red Run Boulevard | Owings Mills, MD 21117-4871  
 (800) 628-5433 | (410) 581-6600 | baltlife.com

4. The Company will not change the beneficiary of my existing policy (policies).

I agree that this assignment and agreement shall be voidable at the option of the Company if for any reason the Company is unable to obtain the proceeds under the existing policy (policies) at the time the Company requests them thereof (for example, because of bankruptcy, conservatorship, or receivership proceedings relating to the existing insurer). In the event the Company declares this assignment and agreement void, the Company will return the existing policy (policies) to me, and I will be responsible for paying all premiums on the new policy if I want that policy.

The IRS does not require your consent to any provision of this document other than this certification to avoid backup withholding.

Please make check(s) payable to: **The Baltimore Life Insurance Company**  
 FBO (Current Policy Owner):

<b>Signatures</b>		
Policy Owner's Signature	Date	
X		
Street	City, State	ZIP
Agent's Signature	Date	
X		
Printed Agent Name	Agency	

*This form serves as a letter of acceptance from The Baltimore Life Companies to receive proceeds from the surrender of your policy to be placed in a new policy at our company.*

\_\_\_\_\_  
 Corporate Officer's Signature

<b>Mail Distribution To:</b>
The Baltimore Life Insurance Company ATTN: NEW BUSINESS DEPT 10075 Red Run Boulevard   Owings Mills, MD 21117-4871
<b>Medallion Signature Guarantee</b>
Place medallion stamp below.