



**A. INSTRUCTIONS**

1. Owner's signature and date of completion are required on this form.
2. For transfers or 1035 exchanges from annuities or life products, a replacement form must be completed if required by state.
3. Use a separate form for each company. Please print in black ink.

**B. COMPANY INFORMATION**

\_\_\_\_\_  
 Current Trustee/Custodian/Insurance Company ( )  
Telephone No.

\_\_\_\_\_  
 Company Address City State ZIP+4

\_\_\_\_\_  
 Contract/Policy/Account No. Investment Vehicle (CD, Mutual Fund, Life Insurance, Annuity)

\_\_\_\_\_  
 Insured/Annuitant's Full Name Social Sec. or Tax I.D. No.

\_\_\_\_\_  
 Joint Insured/Annuitant's Full Name Social Sec. or Tax I.D. No.

\_\_\_\_\_  
 Policyowner/Account Owner's Full Name (if different from Insured or Annuitant) Social Sec. or Tax I.D. No.

\_\_\_\_\_  
 Joint Owner's Full Name (if applicable) Social Sec. or Tax I.D. No.

**C. POLICY INFORMATION**

The contract is:  ENCLOSED  NOT ENCLOSED (*partial exchange only*)  
 LOST/DESTROYED—I certify that the policy is lost or destroyed. I also certify that the policy has not been assigned or pledged as collateral.

**D. TYPE OF TRANSACTION**

**PLEASE SELECT ONE OF THE FOLLOWING OPTIONS**

1. **1035 EXCHANGE** from a nonqualified annuity or life insurance policy(ies) (*including IRS Section 457 Deferred Compensation*).  
 A surrender of a life insurance policy to a non-qualified annuity, or a non-qualified annuity to another non-qualified annuity, qualifies as a 1035 exchange. A surrender of any type of annuity to a life insurance policy does NOT qualify as a 1035 exchange—any gain on your existing annuity will be subject to income tax. Exchanges into existing contracts should be approached cautiously, and only after consultation with a tax advisor, since the IRS has not yet issued definitive guidance regarding the permissibility of such exchanges.

I hereby make a partial or absolute assignment (*endorsement for contracts that are not assignable*) and understand that an absolute assignment transfers all rights, title and interest of every nature and character in and to the above policy to the insurance company indicated above in an exchange intended to qualify under Section 1035 of the Internal Revenue Code. I represent that the above policy is not subject to any pledge, assignment, levy or legal proceeding. Upon receipt, the insurance company is directed to surrender all or part of the policy and apply the value to an annuity or life insurance policy for which I have submitted an application.

I understand that by executing this assignment, I irrevocably waive all rights, claims and demands under the above policy. I am aware of all penalties which may apply.

I acknowledge that the insurer is furnishing this form and participating in this transaction as an accommodation to me, and the indicated insurer assumes no responsibility or liability for my tax treatment under Section 1035 of the Internal Revenue Code or otherwise.

**NOTICE REGARDING PARTIAL 1035 EXCHANGES TO EXISTING CONTRACTS:** Partial exchanges with subsequent withdrawals or annuitizations may be subject to IRS challenge if entered into for the purpose of avoiding premature withdrawal or other penalties. In addition, the Internal Revenue Service has not issued guidelines regarding the apportionment of basis between contracts involved in partial exchanges. Until such guidance is issued, Assurity will utilize a pro-rata formula for such apportionment. While Assurity believes this will be consistent with any IRS guidelines ultimately issued, these guidelines could mandate a different allocation method.

COMPLETE—Surrender/Liquidate all assets in my account totaling \$ \_\_\_\_\_

PARTIAL—Surrender/Liquidate assets totaling \$ \_\_\_\_\_

**Send the proceeds to Assurity Life Insurance Company, P.O. Box 82533, Lincoln, NE 68501-2533:**

IMMEDIATELY—I am aware of all penalties which may apply.

UPON MATURITY—Maturity date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (MM/DD/YYYY)

**Is this a 1035 exchange to an existing account?**  YES  NO **If YES, provide policy no.** \_\_\_\_\_

**D. TYPE OF TRANSACTION (continued)**

2. TRANSFER QUALIFIED RETIREMENT ACCOUNT(S) (CURRENT PLAN TYPE)

- ROTH IRA                                       Simple IRA                                       Traditional IRA                                       SEP IRA
- KEOGH     401(k)     Qualified Retirement Plan

COMPLETE—Surrender/Liquidate all assets in my account totaling \$ \_\_\_\_\_

PARTIAL—Surrender/Liquidate assets totaling \$ \_\_\_\_\_

**Send the proceeds to Assurity Life Insurance Company, P.O. Box 82533, Lincoln, NE 68501-2533:**

IMMEDIATELY—I am aware of all penalties which may apply.

UPON MATURITY—Maturity date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (MM/DD/YYYY)

**Is this a transfer to an existing account?**     YES     NO    **If YES, provide policy no.** \_\_\_\_\_

**E. SIGNATURES**

Under penalty of perjury, I certify that the foregoing information is true, correct and complete.

\_\_\_\_\_  
*Date (MM/DD/YYYY)*                                      *Signature of Contract Owner*                                      *Printed Name*

\_\_\_\_\_  
*Date (MM/DD/YYYY)*                                      *Signature of Joint Owner (if applicable)*                                      *Printed Name*

<b>SIGNATURE GUARANTEE</b> <i>(if required by the prior carrier)</i>  	<b>ASSURITY LIFE INSURANCE COMPANY</b>  By _____  Title _____
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