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 (412) 458-5227.

1.	1. APPLICANT INFORMATION Applicant (Full Name)	loint Applicant		
	Address			
	Telephone Number Email A			
2.	2. PROVIDE CURRENT FINANCIAL INSTITUTION Financial Institution	Telephone Number	<u> </u>	
	Address			
3.	PROVIDE INSTRUCTION FOR CURRENT FINANCIAL INSTITUTION Policy/Contract Numbers			
	Policy/ Contract Owner(s)			
	CHECH ONE 🗌 Full Liquidation/Transfer, 🔲 Partial Liquidation/	Fransfer \$	_or	_%
	Federation (SNF Life) 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 SNF Life 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 SNF Life assumes no responsibility or liability for my tax treatment under Section 1035(a) of the Internal Revenue Code. I agree that if SNF Life 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
5.	Please make check payable to: Serb National Federation for the benefit of (Owners Name) Please mail check and cost basis information to: Serb National Federation, 920 Poplar Street, Pittsburgh, PA 15220 PROVIDE AUTORIZATION TO TRANSFER FUND SNF Life agrees to accept the transfer of assets. The surrender represents a transfer of funds to SNF Life 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.			
		Dane Medich, President	Dat	e
	Your immediate action is appreciated. If you have any questions	egarding this funds transfer, plea	ase call (412	2)