

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. APPLICANT INFORMATION

Applicant (Full Name)	Joint Applicant
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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 Serb National 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 Signature of Owner Date

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

5. PROVIDE AUTHORIZATION 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.

Brion P. Zwick

President

Date _____

Your immediate action is appreciated. If you have any questions regarding this funds transfer, please call (412) 458-5227