

1035 EXCHANGE INFORMATION REQUEST FORM
DETERMINATION OF COST BASIS

Name of Insured _____

Name of Company _____

Policy Number _____

Date of Exchange _____

(A) Total Gross Premiums Actually Paid (A) \$ _____

(B) Less:

Cost of all rider benefits \$ _____

Outstanding loans or partial surrenders \$ _____

Dividends: Paid in cash \$ _____

Used to reduce premiums \$ _____

Used to service policy debt \$ _____

Used to purchase term additions \$ _____

Total (B) \$ _____

(C) Cost Basis in Policy
(Total net premiums paid) (C) = (A) - (B) \$ _____

ALL FIGURES BASED ON TOTAL VALUES FROM ISSUE DATE OF POLICY TO SURRENDER