

FIRST CATHOLIC SLOVAK UNION
AUTHORIZATION TO TRANSFER UNDER INTERNAL REVENUE CODE
SECTION 1035

(Date)

(Present Company)

(Address)

RE:

Gentlemen:

You are the insurer for the following: my insurance policy number: _____

My annuity policy number: _____

Please be advised that I have applied for a new annuity policy with the First Catholic Slovak Union. You are hereby requested to surrender the above policy and transfer the proceeds by check as a tax-free exchange of policies under IRC 1035 (a).

I hereby make a complete an absolute assignment and transfer all rights, titles, and interests of every nature and character in and to the above contract to FCSU in an exchange intended to qualify under Section 1035 of the Internal Revenue Code.

It is my intention that this payment shall not constitute actual or constructive receipt to me for income tax purposes. I request that you direct payment in my behalf by check drawn to and forwarded to: **First Catholic Slovak Union, 6611 Rockside Road, Suite 300, Independence Ohio 44131-2398; attn: Kenneth Arendt.** I request that my name not appear as a payee on the check nor shall my endorsement thereon be necessary for transfer or deposit.

For the purpose of this transfer, First Catholic Slovak Union is authorized to endorse, on my behalf, any checks or negotiable instruments received by them for my benefit in purchasing the policy.

Yours truly,

(Signature)

(Date)

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TO BE COMPLETED BY FIRST CATHOLIC SLOVAK UNION
First Catholic Slovak Union Authorized Acceptance

RE:

Gentlemen:

This is to advise you that the First Catholic Slovak Union will accept the check as stated above and will transfer it to our policy number, under Section 1035(a) if the Internal Revenue Code.

Insurance policy number: _____

Annuity policy number: _____

Please put the Annuitant's name on all documents sent to us.

All communication should be directed to the undersigned.

Very truly yours,

Kenneth Arendt, Executive Secretary
First Catholic Slovak Union

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