



AUTHORIZATION TO TRANSFER UNDER INTERNAL REVENUE CODE SECTION 1035

Present Trustee: _____ Date: _____

Address: _____

You are the insurer for the following: my annuity, contract number: _____

My insurance, policy number: _____ Amount of transfer: \$ _____

Please be advised that I have applied for a new insurance policy/annuity contract with FCSU Financial. You are hereby requested to surrender the above policy/contract and transfer the proceeds by check as a tax-free exchange of policies/contracts under IRC 1035(a).

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

It is my intention that this payment shall not constitute actual or constructive receipt by me for income tax purposes. I instruct that you direct payment by check FBO drawn on my behalf. I request that my name not appear as a payee on the check nor shall my endorsement thereon be necessary for transfer or deposit.

The check should be forwarded to: FCSU Financial, 6611 Rockside Road, Suite 300, Independence, OH 44131
Attn: Kevin Collins

For the purpose of this transfer, FCSU Financial is authorized to endorse, on my behalf, any checks or negotiable instruments received by them for my benefit in purchasing the policy/contract.

Very truly yours,
Owner and Annuitant:

Owner/Annuitant Signature: _____ Date: _____

Address: _____ Date of Birth: _____

_____ Social Security #: _____

FCSU FINANCIAL AUTHORIZED LETTER OF ACCEPTANCE

This is to advise you that FCSU Financial will accept the check as stated above and will transfer it to our policy/contract number, under Section 1035(a) of the Internal Revenue Code.

Insurance policy number: _____

Annuity contract number: _____

Please put the Owner/Annuitant's name on all documents sent to us. All communication should be directed to the undersigned

Fraternally yours,
Kevin Collins, Executive Secretary, COO
FCSU Financial
800.533.6682

6611 Rockside Rd, #300 • Independence, OH 44131 • 800.533.6682 • www.fcsu.com

FIRST CATHOLIC SLOVAK UNION OF THE UNITED STATES OF AMERICA AND CANADA

**1035 EXCHANGE INFORMATION REQUEST FORM
DETERMINATION OF COST BASIS**

Name of Insured: _____

Name of Transferring Trustee: _____

Policy/Contract 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/Contract (Total net premiums paid)	(C) = (A) - (B)	\$ _____

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