

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

Date

Present Trustee

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 the **First Catholic Slovak Union**. 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:

First Catholic Slovak Union, 6611 Rockside Road, Suite 300, Independence, Ohio 44131-2398; Attn: Kevin Collins

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/contract.

Very truly yours,
Owner and Annuitant:

Owner/Annuitant Signature

Date

Address

Date of Birth

Social Security Number

First Catholic Slovak Union Authorized Letter of Acceptance

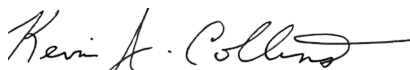
This is to advise you that the First Catholic Slovak Union will accept the check as stated above and will transfer it to our policy/contract number, under Section 1035(a) of the Internal Revenue Code.

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
First Catholic Slovak Union
Rev 05/09/2023

**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

First Catholic Slovak Union of the USA & Canada
6611 Rockside Road, Suite 300, Independence, OH 44131-2398
(A Fraternal Benefit Society)

**NOTICE REGARDING REPLACEMENT OF LIFE
INSURANCE AND ANNUITIES**

You have indicated that you intend to replace existing life insurance or annuity coverage in connection with the purchase of our life insurance or annuity contract. As a result, we are required to send you this notice. Please read it carefully.

Whether it is to your advantage to replace your existing insurance or annuity coverage, only you can decide. It is in your best interest; however, to have adequate information before a decision to replace your present coverage becomes final so that you may understand the essential features of the proposed contract and your existing insurance or annuity coverage.

You may want to contact your existing life insurance or annuity company or its representative for additional information and advice or discuss your purchase with other advisors. Your existing company will provide this information to you. The information you receive should be of value to you in reaching a final decision.

If either the proposed coverage or the existing coverage you intend to replace is participating, you should be aware that dividends may materially reduce the cost of insurance and are an important factor to consider. Dividends, however, are not guaranteed.

You should recognize that a contract which has been in existence for a period of time may have certain advantages to you over a new contract. If the contract coverages are basically similar, the premiums for a new contract may be higher because rates increase as your age increases. Under your existing contract, the period of time during which the issuing company could contest the contract because of a material misrepresentation or omission concerning the medical information requested in your application, or deny coverage for death caused by suicide, may have expired or may expire earlier than it will under the proposed contract. Your existing contract may have options which are not available under the contract being proposed to you or may not come into effect under the proposed contract until a later time during your life. Also, your proposed contract's cash values and dividends, if any, may grow slower initially because the company will incur the cost of issuing your new contract. On the other hand, the proposed contract may offer advantages which are more important to you.

If you are considering borrowing against your existing contract to pay the premiums on the proposed contract, you should understand that in the event of your death, the amount of any unpaid loan, including unpaid interest, will be deducted from the benefits of your existing contract, thereby reducing your total insurance coverage.

After we have issued your contract, you will have 30 days from the date the new contract is received by you to notify us you are cancelling the contract issued on your application and you will receive back all payments you made to us.

You are urged not to take action to terminate or alter your existing life insurance or annuity coverage until you have been issued the new contract, examined it and have found it acceptable to you.

Existing Life Insurance or Annuities to be Replaced

Name of <u>Insurer</u>	Name of <u>Insured</u>	Contract Number or <u>Application or Receipt Number</u>
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Dated at: _____ this ____ day of _____, 20 ____

Signatures
Applicant: _____

Representative: _____

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RIGHT TO CANCEL

The Owner has the right to return this contract for cancellation within 30 days after the date the Owner receives it. We will refund any premium, fees or other amounts paid. The contract may be delivered or mailed to our Home Office or to the representative through whom it was purchased.

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