

# First **Catholic** Slovak Ladies **Association**



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## **Cover Letter and Instructions for 1035 Exchange Package**

Enclosed please find a 1035 Exchange Request Acceptance Letter (pg 1), a Transfer Request For Tax Non-Qualified Accounts Section 1035 Tax Free Exchange (pg 2), and a Cost Basis Form to be completed by a representative of the institution presently holding the funds (pg 3).

- 1) Please enter your name and annuity # in the appropriate spaces on the 1035 Exchange Request Acceptance Letter (pg 1).
- 2) Please complete the Transfer Request For Tax Non-Qualified Accounts Section 1035 Tax Free Exchange (pg 2), inserting the name and address of the institution presently holding your **nonqualified account**, your current account number, and the approximate value of the current account. Sign and date this form.
- 3) **After completing and signing these forms, return all three (3) forms to the FCSLA Home Office using the BLUE return envelope, or clearly mark your envelope "Attn: Annuity Dept."**

Please note: It is the responsibility of the member to follow-up with the present institutional fund holder regarding the status of the transferred funds.

If you have any questions, call our toll-free number at 1-800-464-4642, ext. 1022 or 1024 and speak with the personnel in our Annuity Department.

Fraternally yours,

FCSLA Annuity Dept.

Enclosures

1035 Exchange for Agents pg1

First **Catholic** Slovak  
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*"... securing the future, one member at a time"*

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**1035 EXCHANGE REQUEST (Nonqualified)** [page 1]

RE: \_\_\_\_\_  
Proposed Annuitant Name

Please be advised that the First Catholic Slovak Ladies Association will

accept transfer monies FOR THE BENEFIT OF: \_\_\_\_\_  
Proposed Annuitant/ Owner Name

and will transfer it to the ACCOUNT NUMBER: \_\_\_\_\_  
Annuity Number

Please be advised also that the above-named Annuitant is also the Sole Owner of the annuity account referenced above.

Please make the check payable to the First Catholic Slovak Ladies Association for the benefit of \_\_\_\_\_ and send it to the following address:  
Proposed Annuitant/ Owner Name

First Catholic Slovak Ladies Association  
Attn: Annuity Department  
24950 Chagrin Boulevard  
Beachwood, OH 44122

If you have any questions, please call 1-800-464-4642 ext. 1022 and 1024 and speak with the personnel in our annuity department.

Sincerely,

Stuart L. Collins  
National Treasurer

SLC/

Enclosures

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**TRANSFER REQUEST FOR TAX-NONQUALIFIED ACCOUNTS**  
**SECTION 1035 TAX FREE EXCHANGE** [page 2]

TO:

\_\_\_\_\_  
NAME OF THE PRESENT INSTITUTION

\_\_\_\_\_  
ADDRESS OF THE PRESENT INSTITUTION

SUBJECT:

\_\_\_\_\_  
NAME OF PROPOSED ANNUITANT/ OWNER

\_\_\_\_\_  
PRESENT INSTITUTION'S ACCOUNT NUMBER

Please liquidate and transfer:

\_\_\_\_\_ The entire balance in the above listed account

\_\_\_\_\_ Specified amount you wish to transfer.

The funds will be deposited into my First Catholic Slovak Ladies Association  
tax deferred nonqualified Annuity # \_\_\_\_\_.  
Annuity Number

\_\_\_\_\_  
Proposed Annuitant/ Owner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

I hereby assign and transfer all rights, title and interest of every nature and character in the above annuity Contract to the First Catholic Slovak Ladies Association. The purpose of this assignment is to effect a non-taxable exchange of the Contract under Internal Revenue Code Section 1035(a).

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**Attn Present Institutional Fund Representative:**  
**Please complete this Cost Basis Form and return it with the 1035 Exchange check.**

**COST BASIS FORM** [page 3]

Client: \_\_\_\_\_  
Proposed Annuitant/ Owner Name

Policy # \_\_\_\_\_  
Present Institution Account Number

[For transfer into FCSLA annuity # \_\_\_\_\_]  
Annuity Number

Pre-Tefra Premium (contributions before 8/14/82): \_\_\_\_\_

Post-Tefra Premium (contributions on or after 8/14/82): \_\_\_\_\_

Interest Earned: \_\_\_\_\_

Total Distribution: \_\_\_\_\_