

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

A Fraternal Benefit Society

24950 Chagrin Blvd • Beachwood, OH 44122 • www.fcsla.org
Toll Free: 1-800-464-4642 • Fax: (216) 464-9260 • E-Mail: info@fcsla.org

Nonqualified Insurance and Annuity Contracts Section 1035 Tax Free Exchange Request

To: _____ Name of Present Company

_____ Address of Present Company

Subject: _____, Insured/Annuitant
_____, Policy Owner
_____, Policy Number

Dear Sir or Madam;

Please Liquidate and transfer the entire cash value of the policy listed above (approximately \$_____). This transaction is being requested as a Section 1035 exchange.

The funds will be deposited into my First Catholic Slovak Ladies Association (Check One)

_____ Tax Deferred Non-Qualified Annuity

_____ Life Insurance Policy (I know that these funds cannot be used in a pre-paid life insurance policy.)

Owner's Signature

Date

Printed Name

Insured/Annuitant's Signature

Date

Printed Name

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