



SLOVENE NATIONAL BENEFIT SOCIETY

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Absolute Assignment To Effect Sections 1035(a) Exchange of a Life Insurance or Annuity Policy

Policy # _____ Cash Value: _____
Owner: _____ Insured: _____
Insurer: _____

I hereby assign and transfer to **Slovene National Benefit Society** (the "Company") all right, title and interest of every nature and character in and to the policy described above (policy) in an exchange intended to qualify under Section 1035(a) of the Internal Revenue Code.

I understand that if the Company underwrites, approves my application for, and issues to me a new life insurance policy or annuity contract which I accept on the life of the same insured in the policy, then the Company intends to surrender the policy for its cash value.

I understand that as of the date of surrender of the policy by the company, the policy will no longer provide any coverage.

I understand that upon receipt of the surrender value by the Company, the proceeds will be applied as an additional premium for the new life insurance policy or annuity contract. The first premium must be paid no later than when the new policy is delivered. The policy assigned shall not be considered a premium until the cash surrender value is actually received by the Company. There will be no insurance in effect unless the first premium is paid while all statements and answers all parts of my application remain correct.

I understand that by executing this assignment, I irrevocably waive all rights, claims and demands under the policy.

I represent and agree that the Company is furnishing this form and is participating in this transaction at my specific request and as an accommodation to me. I represent and agree that the Company has made no representation concerning my tax treatment under Internal Revenue Code Section 1035 or otherwise.

I represent and warrant that no person, firm or corporation has a legal or equitable interest in the policy, except the undersigned, and that no proceedings of either a legal or equitable nature have been instituted or are pending against undersigned.

I understand that the first premium must be paid no later than the time the policy applied for is delivered and that the cash value of the assigned policy shall not be considered part of the premium until the cash surrender value is actually received by the Company. I further understand that no insurance comes into force as a result of this agreement.

Signed this _____ day of _____, _____ at _____

Witness

Signature of Policyowner (Assignee)

Received and duplicate filed at the Home Office of the Company, Slovene National Benefit Society, 247 West Allegheny Road, Imperial, PA 15126.

By: _____ Title: _____