



1035 Exchange Form

Owner Information:

Owner Name _____ Soc. Sec. No. _____
Co-Owner Name _____ Soc. Sec. No. _____
Annuitant Name _____ Soc. Sec. No. _____
(If Annuity)
Insured's Name _____ Soc. Sec. No. _____
(If Life Insurance)

Company Surrendering From:

Name of Company _____
Street Address _____
City/State/Zip _____
Account/Policy Number _____ Phone Number _____
Apply policy proceeds to: _____ New Policy _____ Existing Policy

Transfer/Exchange:

Type of Transfer and Amount _____ Full _____ Partial _____ Amount
From: _____ IRA _____ Non-Qualified _____ Roth IRA _____ 401(k) _____ Life Insurance
To: _____ IRA _____ Non-Qualified _____ Roth IRA _____ Life Insurance

Signed this _____ day of _____, _____ at _____

Owner Signature: _____ Witness: _____

By signing this document, I hereby transfer to the Slovene National Benefit Society (the "Company") all right, title and interest to the policy described herein in an exchange intended to qualify under Section 1035(a) of the Internal Revenue Code.

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 IRS 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 the undersigned.

I understand that upon receipt of the surrender value by the Company, the proceeds will be applied at my direction to either pay the premium for a life insurance policy or as a deposit to an annuity. There will be no insurance in effect until such time as the premium is received.

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

I understand that the proposed transfer may have important tax consequences and/or surrender or withdrawal penalties. I acknowledge that the Company assumes no responsibility or liability for any tax treatment on this transfer under the IRS Code or otherwise.

I understand and agree that the cost basis in the contract issued by the Company shall be determined based on the cost basis information provided by the Surrendering Company. I further understand and agree that the Company assumes no responsibility in obtaining or verifying the cost basis of the new contract issued by it. I acknowledge and agree that if the Company does not receive cost basis information acceptable to it, the cost basis will be recorded by the Company as zero.

Owner Signature: _____

Date: _____

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

By: _____

Title: _____