

Annuity Full Value 1035 Exchange Request Form

To:		
(Name	and Address of Transferring (Company)
Policy #:	Name:	
(At Transfer	ring Company)	(Full Name of Client)
Please consider this letter identified above to Herman		my rights, title and interest in the policy
		-taxable exchange of this contract under g 72-358 to a contract with Hermann Sons
(Name of	Transferring Company)	
Acceptance by Hermann Sons Life of this assignment and of policy values from other companies should not be construed as a guarantee that the transaction will qualify as a bona fide 1035 exchange.		
Member Signature		e Social Security Number
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Spouse Signature	Date	Social Security Number
Please indicate the status of the original contract: ☐ Enclosed ☐ Lost		
	se of complying with clie	nn Sons Life accepts assignment of the ent's intention of effecting a non-taxable
Please complete the enclosed cost basis and issue a check payable to Hermann Sons Life for the FULL VALUE of the contract and forward to our address below.		
Officer	Title	Date

Hermann Sons Life, P.O. Box 1941, San Antonio, TX 78297-1941 Home Office Phone: 800-234-4124 or 210-226-9261 • Website: hermannsonslife.org