



HERMANN SONS LIFE

Annuity Partial Value 1035 Exchange Request Form

To: _____

(Name and Address of Transferring Company)

Policy #: _____ Name: _____
(At Transferring Company) (Full Name of Client)

Please consider this letter as a partial assignment of my rights, title and interest in the policy identified above to Hermann Sons Life in accordance with IRS Notice 2003-51 and Revenue Ruling 2003-76.

The purpose of this partial assignment is to effect a non-taxable exchange of a portion of this contract under Internal Revenue Code 1035 (a) and Revenue Ruling 72-358 to a contract with Hermann Sons Life from _____.
(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 Date Social Security Number

Spouse Signature Date Social Security Number

By signature of an authorized office below, Hermann Sons Life accepts assignment of the above partial contract for purpose of complying with client's intention of effecting a non-taxable exchange under Section 1035.

Please complete the enclosed cost basis and issue a check payable to Hermann Sons Life in the amount of \$_____ and forward to our address below:
(Amount Transferring)

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*