

## Life Insurance 1035 Exchange Request

(Name and ac	ddress of transferr	ing company)	
certificate nu	umber s Life. I understand		all my rights, title and interest in <b>life insurance</b> for to cably waiving all rights, claims and demands under
Revenue Code subject to any bankruptcy or	e Section 1035 for a y assignment, plede	a contract with F ge, collateral ass ary or involuntary	on-taxable exchange of this contract under Internal Hermann Sons Life. I certify that the contract is not signment or other lien and that no proceedings in y, have been instituted by or against me and that I
			der the contract and that it is the current insurance ceeds in a timely manner for my benefit to:
	P.O. Bo	ANN SONS LIFE OX 1941 NTONIO, TEXAS	78297
Member's Sigr	nature		
Social Security	/ Number		_
Date			Officer Authorization (Home Office use only)
Contract is:	□Attached	□Lost	Hermann Sons Life Officer Signature
			Hermann Sons Life Officer Title