

JEFFERSON PILOT
FINANCIAL

Jefferson Pilot Financial Insurance Company (JPFIC)
Jefferson-Pilot Life Insurance Company (JPLA)
Jefferson Pilot LifeAmerica Insurance Company (JPLA)

- Please complete form and send to the appropriate service center, (check one):

  ☐ Fixed Annuity Service Center: Dept. 5168, PO Box 26074, Greensboro, NC 27420 1-800-950-2454
- ☐ EIA/VA Service Center: One Granite Place, PO Box 515, Concord, NH 03302-0515 1-800-258-3648 ext.5394

## Request For Tax-Free Exchange Under Section 1035 Of The Internal Revenue Code Of 1986

\*Policy may be referred to as "contract" or "certificate" in certain states.

The rules and regulations of the Internal Revenue Service ("IRS") permit an existing life insurance or annuity policy* to be exchanged, tax-free, for a new annuity policy. A partial or complete exchange of the existing policy is permitted. By signing and giving this Request to the Jefferson Pilot Financial company (the "Company"), indicated above, I am asking my existing insurance company to cooperate and assist me in making a tax-free partial or complete exchange of my existing life insurance or annuity, indicated below, for a new annuity policy.			
Current Owner	Current Joint Owner (If any)		
Policy Number(s)			
Name of Existing Insurance Company			
Address of Existing Insurance Company	City	State	Zip Code
Annuitant (If different from Owner)			
Option 1 - Complete Exchange For complete exchanges, I fully and completely assign an identified above to the Company. I understand that the Cannuity policy, request the full and complete surrender of or part of the purchase price of the new annuity policy be original of your existing policy with your completed fixed amay sign or initial here to represent to existing policy, and have not given or assigned your exist.	Company will, upon receipt of the above listed policy, an eing issued as part of the tandity Application and Recorterity to your existing ins	of this Request and Appl d that the cash surrende ax-free exchange. Pleas quest for Tax-Free Exchar surance company that yo	ication for a new r value will be all e provide the nge. However, <b>you</b>
☐ Option 2 - Partial Exchange For partial exchanges, I desire to retain full ownership of partial tax-free exchange by withdrawing a portion (set for policy or annuity policy, and having that amount transferr of a partial withdrawal from the above listed policy, use to annuity policy being issued as part of the tax-free excha (before surrender charges, if any), or \$	orth below) of the accumula red to the Company. I under the amount received as all	ted value of my existing stand that the Company or part of the purchase p % of the acc	life insurance will, upon receipt price of the new sumulated value
I represent that I am requesting this tax-free exchange to remain invested in life insurance and/or annuity policies Federal penalty tax provisions of Section 72(q) of the Co represent that no proceedings in bankruptcy or insolvence.	s. I am not requesting this de, or any other limitation i	exchange in an effort to	avoid the 10%
I understand that if I elect to return the new annuity police other than the refund to me of the amounts received from by the Company and/or its officers, employees or agents tax consequences of this transaction. I understand that authorized or permitted to provide specific tax or legal acceptance.	m my existing insurer. I fur s that I should consult with neither the Company , nor	ther acknowledge that I my own tax or legal advi any of its officers, emplo	have been advised sor regarding the byees or agents is
Owner's Signature		Date	
Joint Owner's Signature (if applicable)		Date	
Note: If signing as an officer of a corporation or as a true	stee, please indicate your t	itle.	

## Statement By The Company Request For Surrender

For complete exchanges, the below identified Company acknowledges, by the signature of its President and Chief Executive Officer, the absolute assignment and transfer of all rights, benefits and interest in the life insurance, endowment, or annuity policy identified on the reverse side of this form. The Company has been assigned ownership as part of an Internal Revenue Code Section 1035 Exchange. The Company, as new owner of the identified policy, requests that the policy(ies) be surrendered for its(their) full surrender value, including any paid-up additions, dividends on deposit, or advance premium deposit funds.

For partial exchanges, the below identified Company acknowledges that it has no ownership or other rights in the existing life insurance policy or annuity being partially exchanged. The Company will credit any and all amounts received in connection with this partial exchange to a new annuity policy being issued to the Owner(s). Please do not process this partial exchange if (i) the partial exchange is from a life insurance policy, **and** (ii) the partial withdrawal would cause the life insurance policy to become a modified endowment contract or violate Section 7702 of the Code.

Please provide the cost basis information on the amounts transferred as part of this tax-free exchange, including any information as to the cost basis (if any) before August 14, 1982.

The check for the surrender proceeds (complete exchanges) or the partial withdrawal (partial exchanges) should be made payable to the following Company:

- ☐ Jefferson Pilot Financial Insurance Company☐ Jefferson-Pilot Life Insurance Company
- ☐ Jefferson Pilot LifeAmerica Insurance Company

President, Chief Executive Officer

Secretary

The check for the surrender proceeds (complete exchanges) or the partial withdrawal (partial exchanges) should be sent to the above Company at the appropriate service center as checked on page 1.