Sentinel
Security Life

1035 EXCHANGE REQUEST FORM

(Non-Qualified Annuities & Life Insurance Policies Only)

2121 South State St., Salt Lake City, UT 84115 • Toll Free 800.247.1423

Complete One Side Only

Existing Company			Phone Number
Existing Company Address			Existing Contract Number
City	State	Zip	Investment Vehicle (CD, Mutual Fund, etc.)
Account Type (IRA, Roth IRA, 401(k), Keogh, etc.)	Maturity Date		☐ Transfer Funds Immediately ☐ Transfer at Maturity
Insured's / Annuitant's Name			Annuitant's Social Security Number
Joint Insured's / Annuitant's Name			Joint Annuitant's Social Security Number
Owner's Name			Owner's Social Security Number
Joint Owner's Name			Joint Owner's Social Security Number

☐ Policy / Contract enclosed ☐ I have lost, destroyed or mislaid my policy / contract

☐ **Full 1035 Exchange**

The Assignor hereby designates Sentinel Security Life Insurance Company as beneficiary of the above policy / contract.

Immediately following the above beneficiary designation, Assignor does hereby assign and transfer without exceptions, limitations or reservation to Sentinel Security Life Insurance Company all assignable benefits, interest, property, rights, claims, options, privileges, obligations and title in the policy / contract in exchange for a new policy / contract as described in Assignor's application to Sentinel Security Life Insurance Company for such policy / contract.

Assignor and Sentinel Security Life Insurance Company expressly represent and recognize that the sole purpose of this agreement is to effect an exchange of insurance policies / contracts. Assignor represents and agrees that Assignor has consulted his own tax advisor regarding the tax consequences of this transaction. Assignor represents and agrees that Sentinel Security Life Insurance Company has made no representations concerning Assignor's tax treatment under Internal Revenue Code Section 1035 or otherwise as a result of this transaction. Sentinel Security Life Insurance Company assumes no responsibility or liability for the Assignor's tax treatment under Internal Revenue Code Section 1035(a) or otherwise as a result of this transaction.

_____ _____

Owner's Signature(s) Date Joint Owner's Signature(s) Date

☐ **Partial 1035 Exchange**

I understand the Internal Revenue Service may take the position that an exchange of a portion of an existing life insurance policy or an annuity contract for a new life insurance policy or an annuity contract does not qualify as a valid exchange under Section 1035 of the Internal Revenue Code. I understand, acknowledge and agree that Sentinel Security Life Insurance Company assumes no liability or responsibility for any consequences associated with the proposed partial exchange.

☐ $_____ ☐ _____%

_____ _____

Owner's Signature(s) Date Joint Owner's Signature(s) Date

Acceptance by Sentinel Life Insurance Company

We agree to accept the transfer described above for the _____ Plan established on behalf of the above named individual. Sentinel Life Insurance Company accepts its appointments as successor custodian of the above account and requests the liquidation and transfer of assets indicated above.

_____ _____

Accepted By G. Daniel Acker, Vice President Authorized Officer of Sentinel Security Life Date

MAKE CHECK PAYABLE TO:

SENTINEL SECURITY LIFE INSURANCE COMPANY

Reference Contract Number _____

Mailing Address: 2121 South State St., Salt Lake City, UT 84115