



ABSOLUTE ASSIGNMENT
TO EFFECT SECTION 1035(A) EXCHANGE
OF A LIFE INSURANCE OR ANNUITY POLICY

CONTACT INFORMATION

Surrendering Company Name (complete one form for each surrendering company):

Surrendering Company Account/Policy/Contract Number:

Options: Annuity contract, Life insurance policy, Other

Street Address:

City:

State: Zip: Telephone: ()

SURRENDERING COMPANY POLICY/ACCOUNT/CONTRACT INFORMATION

Owner Name
Name (First, Middle, Last or Name of Entity):

Social Security number/TIN:

Insured/Annuitant Name
Name (First, Middle, Last or Name of Entity):

Social Security number/TIN:

Please confirm the availability of these options with the surrendering company.

- Options: Full Exchange, Partial Exchange, Invest into a new CSA account, Invest into my existing CSA account listed below

I hereby assign and transfer to CSA Fraternal Life Insurance Company (the "Company") all right, title and interest of every nature and character in and to the policy described above (policy) in an exchange intended to qualify under Section 1035(a) and Internal Revenue Code.

I understand that if the Company underwrites, approves my application for, and issues to me a new life insurance policy or an annuity contract which I accept on the life of the same insured in the policy, then the Company intends to surrender the policy for its cash value.

I UNDERSTAND THAT AS OF THE DATE OF SURRENDER OF THE POLICY BY THE COMPANY, THE POLICY WILL NO LONGER PROVIDE ANY COVERAGE.

I UNDERSTAND THAT UPON RECEIPT OF THE SURRENDER VALUE BY THE COMPANY, THE PROCEEDS WILL BE APPLIED AS AN ADDITIONAL PREMIUM FOR THE NEW LIFE INSURANCE POLICY OR ANNUITY CONTRACT. The first premium must be paid no later than when the new policy is delivered.

I understand that by executing this assignment, I irrevocably waive all rights, claims and demands under the policy.



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I represent and agree that the Company is furnishing this form and is participating in this transaction at my specific request and as an accommodation to me. I represent and agree that the Company has made no representations concerning my tax treatment under Internal Revenue Code Section 1035 or otherwise.

The Company assumes no responsibility or liability for the undersigned's tax treatment under Internal Revenue Code Section 1035 or otherwise.

I represent and warrant that no person, firm or corporation has a legal or equitable interest in the policy, except the undersigned, and that no proceedings of either a legal or equitable nature have been instituted or are pending against undersigned.

I UNDERSTAND THAT THE FIRST PREMIUM MUST BE PAID NO LATER THAN THE TIME THE POLICY APPLIED FOR IS DELIVERED AND THAT THE CASH VALUE OF THE ASSIGNED POLICY SHALL NOT BE CONSIDERED PART OF THE PREMIUM UNTIL THE CASH SURRENDER VALUE IS ACTUALLY RECEIVED BY THE COMPANY. I FURTHER UNDERSTAND THAT NO INSURANCE COMES INTO FORCE AS A RESULT OF THIS ASSIGNMENT.

Signed this _____ day of _____, 20____ at _____

WITNESS

SIGNATURE OF POLICY OWNER (ASSIGNEE)

ACCEPTANCE (CSA will complete this section and send it to your present custodian.)

Please be advised that CSA Fraternal Life has been appointed to serve as successor custodian of this account. Please send a check representing liquidation of the investments indicated above payable to: **CSA Fraternal Life as Custodian for (account owner's name)** along with a copy of this form to identify the check as a transfer of assets to:

CSA Fraternal Life, P.O. Box 249, Lombard, IL 60148

CSA Authorized Signature

Date

MAILING INSTRUCTIONS

Mail the completed form and application (if opening a new account) to:

Regular Mail:
CSA Fraternal Life
P.O. Box 249
Lombard, IL 60148

Overnight Mail:
CSA Fraternal
2050 Finley Road Suite 70
Lombard, IL 60148