

Name of current Company/Trustee/Custodian:			Owner(s):
Street Address to send Exchange/Transfer request:			Owner's Email Address is Required (If none exists, enter NA):
City:	State:	Zip:	SSN(s):
Telephone Number:		Policy/Contract/Account Number(s):	
Annuitant(s)/Insured:			
<b>Instructions for Releasing Financial Institution:</b> Request for: <input type="checkbox"/> 1035 Exchange <input type="checkbox"/> Trustee-to-Trustee Transfer Liquidate: <input type="checkbox"/> All <input type="checkbox"/> Part    \$ _____ or _____ % (GROSS/NET of charges and fees) of my account balance. <span style="margin-left: 400px;">circle one</span>			

**The Company, owner of the above referenced contract/certificate, does hereby request immediate surrender of the above referenced contract/certificate as authorized by an Officer of the Company in the accompanying Letter of Acceptance.**

**1035 EXCHANGE (Absolutely assigning and exchanging an existing life insurance policy or nonqualified annuity contract.)**

- Section 1035 of the Internal Revenue Code permits certain nontaxable exchanges of insurance policies and annuity contracts/ certificates. It is my intention that this transfer qualify as a Section 1035 exchange and that no portion of this exchange be actually or constructively received by me. The Company makes no representation concerning my tax treatment for this transaction and has neither responsibility nor liability for my tax treatment.
- I understand the exact amount of the proceeds may vary depending upon the date of transfer and I agree to execute any additional documents required to complete the transfer.
- I understand that the exchange is not complete if the current company issuing the contract is unable or unwilling to pay the value of the above referenced policy/ contract(s)/certificate(s) to the Company.
- I understand that as of the date of surrender of the policy/contract/certificate by the current company, the surrendered policy/contract/certificate no longer provides any coverage and the new contract is not in effect until the Company approves the new contract and receives the funds.
- I represent and warrant that no person, firm, or corporation has a legal or equitable interest in the policy/contract/certificate except the undersigned, and that no proceedings of either legal or equitable nature have been instituted or are pending against the undersigned. In addition, I certify that the policy/contract/certificate has not been assigned or pledged as collateral.

I certify that the current policy/contract/certificate is:

- ENCLOSED (policy/contract/certificate is attached)                       LOST OR DESTROYED (The policy/contract/certificate is lost or destroyed).

**I hereby absolutely assign and transfer to the Company (as checked above) all of my rights, title, and interest of every nature in and to the above referenced policy/contract/certificate including, but not limited to the right to surrender, assign, transfer, or change beneficiary.**

Type of Assets to be transferred:    Life Insurance    Non Qualified Annuity

**PARTIAL 1035 DISQUALIFICATION (IRS Revenue Procedure 2008-24)**

For partial 1035-exchanges completed on or after June 30, 2008, during the 12-month calendar period beginning on the date the partial 1035-exchange proceeds are received by the Company, the following Contract changes and transactions will retroactively disqualify the partial 1035-exchange: annuitization; taxable Owner or Annuitant changes; withdrawals taken from the original Contract or new Contract; or surrender of the original Contract or new Contract.

*The following exceptions apply to the partial 1035-exchange disqualification: the withdrawal is allocable to pre-August 14, 1982 investment in the Contract; the withdrawal is from a qualified funding asset under Internal Revenue Code section 130(d); or the Owner (or both Owners, in the case of jointly-owned contracts) reach(es) age 59 ½, become(s) disabled (as defined by Internal Revenue code section 72(m)(7)), die(s), finalizes a divorce, or suffer(s) a loss of employment after the partial exchange was completed.*

American General Life Insurance Company does not provide tax advice. We recommend you consult your tax advisor prior to making any decision regarding your existing or proposed annuity contract.

**TRUSTEE-TO-TRUSTEE TRANSFER (Qualified plan transfers, nonqualified transfers or direct rollovers)**

I hereby authorize my current trustee/custodian to liquidate and transfer the assets from the above named account to the Company.

Type of assets to be transferred:  IRA  Qualified Retirement Plan  Roth IRA  Nonqualified (CD or other savings)  Other \_\_\_\_\_

**SIGNATURES**

**X** \_\_\_\_\_ **X** \_\_\_\_\_  
*Owner Date Joint Owner (if applicable) Date*

**LETTER OF ACCEPTANCE**

The above named individual has established a Qualified or Non-Qualified Annuity with American General Life Insurance Company. We will accept the transfer of cash assets currently held in your plan for placement into the Qualified or Non-Qualified Annuity established with American General Life Insurance Company.

By: \_\_\_\_\_  
Authorized Representative of American General Life Insurance Company Date

**Checks should be made payable to: American General Life Insurance Company, FBO the Owner, and Contract Number \_\_\_\_\_.**  
P.O. Box 2708, Amarillo, TX 79105-2708 or 1050 North Western Street, Amarillo, TX 79106-7011

**For a Section 1035(a) exchange, please provide us with the pre and post TEFRA cost basis.**