

Income Annuity 1035 Exchange Request Form

American General Life Insurance Company (AGL)

Use this form for all 1035 exchanges (life insurance or nonqualified annuities).

Instructions for Releasing Financial Institution:

Liquidate: All Part \$ _____ or % _____ **GROSS** **NET** (of charges and fees) of my account balance.
check one

Name of current Company/Trustee/Custodian (required):			Owner(s) (required):*
Street Address to send Exchange/Transfer request:			Annuitant(s)/Insured (required):*
City:	State:	Zip:	SSN(s) (required):
Owner's Email Address is Required (If none exists, enter NA):	Telephone Number:	Policy/Contract/Account Number(s) (required):	

*Owner/Insured from the existing contract must be the same as the new Income Annuity Contract Owner/Annuitant.

Questions about this request? Call Customer Service at: 1(800)975-7978

Checks should be made payable to American General Life Insurance Company, FBO the Owner, and contract number _____
PLEASE INCLUDE COST BASIS INFORMATION WITH THE CHECK. SPIA# _____

Regular Mail:
American General Life Insurance Company
P.O. Box 650545 Dept. AGL
Dallas, TX 75265-0545

Overnight/Express Mail:
JPMorgan Chase (TX1-0029)
ATTN: AGL 650545 Dept. AGL
14800 Frye Road, 2nd Floor
Ft Worth, TX 76155

1035 EXCHANGE (Exchanging life insurance policy or nonqualified annuity contract for Income Annuity Contract.)

1. Section 1035 of the Internal Revenue Code permits certain nontaxable exchanges of insurance policies and annuity policy/contract(s)/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. AGL makes no representation concerning my tax treatment for this transaction and has neither responsibility nor liability for my tax treatment.
2. I understand the exact amount of the proceeds may vary depending upon the date of transfer and I agree to timely execute any additional documents required to complete the transfer.
3. 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 AGL.
4. I understand that as of the date of full liquidation, if applicable, of the policy/contract/certificate by the current company, the surrendered policy/contract/certificate may no longer provide any coverage and the new contract is not in effect until AGL approves the new contract and receives the funds.
5. I understand that if the transferring company cannot provide cost basis to AGL, AGL will be unable to determine the non-taxable amount of each income payment.
6. 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)
 N/A, Partial Liquidation

I hereby absolutely assign the portion of the contract indicated above and transfer to AGL (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 Mutual Fund CD Other _____

SIGNATURES

X _____ **X** _____
Owner *Date* *Joint Owner (if applicable)* *Date*

LETTER OF ACCEPTANCE

The above named individual has established a Nonqualified Income Annuity with AGL. We will accept the proceeds currently held by your company for placement in the income annuity established with AGL.

By: _____ Date: _____
Authorized Representative of AGL

60-DAY PAYOUT RATE LOCK AUTHORIZATION

The 60-Day payout rate lock is available for income annuity cases (limited up to \$1,000,000 of premium) involving 1035 Exchanges or Trustee-to-Trustee transfers. If the payout rate lock is selected, the payout rates used for determining annuity payments will be locked for 60 calendar days from the date the application paperwork was signed, regardless of the current payout rates (whether higher or lower) in effect at the time the funds are received by AGL. If the rate lock is not selected, the payout rates used to determine annuity payments will be the payout rates in effect at the time the funds are received by AGL. In the case of multiple exchanges/transfers, the payout rates used will be the ones in effect at the time the last transfer is received by AGL. In the event the transfer of funds takes longer than 60 calendar days, the rate lock will expire and the payout rate will be the current rate at the time all transfers are received by AGL.

If no selection is made, you will be deemed to have checked the "No" box below, and AGL will use the payout rates in effect at the time all funds are received from the current trustee/custodian.

The payout rates are based upon the quote provided with the completed Single Premium Income Annuity Application. If for some reason the quote provided is invalid or expired when received by AGL, a new quote will be generated at that time and that quote date will be the first day of the new 60 day period.

If exchange is for \$1 million or less, select an option by checking the appropriate box.

- Yes**, lock the current payout rates available at the application paperwork was signed. I understand the payout rate lock expires in 60 calendar days from the application signed date.
- No**, do not lock the current payout rates, instead use the payout rates available at the time all funds are received by AGL.

AGL will diligently seek payment of funds during the 60 day period. In the event AGL finds payment of the funds is being delayed as a result of actions on your part, or the part of any person or entity directly or indirectly under your control, the 60 Day payout rate lock will be deemed to have expired, and AGL will use the payout rate available at the time all funds are received by AGL.

I understand that my selection above is irrevocable once the Exchange/Transfer request is completed and signed.

X _____
Owner's Signature *Date*

X _____
Agent's Signature *Date*