

Indicate Company: The Travelers Life and Annuity Company
 The Travelers Insurance Company

The Travelers Life and Annuity Company and The Travelers Insurance Company are hereafter referred to as Travelers Life & Annuity.

IRC Section 1035 – Exchange of Life Contract Assignment

Contract Issued by (Name of Insurance Company)

Address of Insurance Company		City	State	Zip
Name of Contract Owner		Contract Owner's Tax ID # (SSN or EIN)		
Name of Joint Owner (if any)		Joint Owner's Social Security Number		
Life Contract Number		Name of Insured		
Estimated Cash Value	Will any Existing Loans Be Assumed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Estimated Loan Amount		

Note: Owner(s) and Insured must remain the same on the old and new contracts.

The undersigned owner hereby assigns and transfers all right, title and interest in the above life insurance contract to the Travelers Life & Annuity. The purpose of this assignment is to effect an exchange of a life insurance contract under Internal Revenue Code Section 1035.

Travelers Life & Annuity agrees to surrender this contract for its cash surrender value and apply the proceeds to a life insurance contract on the life of the insured, owned by the Owner and issued by Travelers Life & Annuity.

Acceptance by Travelers Life & Annuity of this assignment and of policy values from other insurance companies should not be construed as a guarantee that the transaction will qualify as a bona fide 1035 exchange. The undersigned represents and agrees that Travelers Life & Annuity has no responsibility nor liability for the validity of this assignment nor the undersigned's tax treatment under Internal Revenue Code Section 1035 or otherwise.

I have enclosed the contract I certify that the contract has been lost or destroyed. After due search and inquiry, to the best of my knowledge, it is not in the possession or control of any other person.

Contract Owner's Signature	Date	Witness	Date
Spouse's Signature (in Community Property States*)	Date	Witness	Date
Collateral Assignee Signature (if any)	Date	Witness	Date
Irrevocable Beneficiary Signature (if any)	Date	Witness	Date

*Community Property States = AZ, CA, ID, LA, NM, NV, TX, WA, WI

To The Current Financial Institution

Cash Surrender Value	Outstanding Loan Amount
Cost Basis Information	Modified Endowment Contract <input type="checkbox"/> Yes <input type="checkbox"/> No

Signature of Company Representative _____ Date _____

Checks must be made payable and forwarded to:

Please return this form and indicate contract owner name, social security number, and contract number on all checks
 If you have any questions, please call Life New Business at 1-800-842-0673

Travelers Life & Annuity
Life Post Issue
P.O. Box 990018
Hartford, CT 06199-0018