



Insurance Department of the State of New York

Important Notice Regarding Replacement or Change of Life Insurance Policies or Annuity Contracts

THIS NOTICE IS FOR YOUR BENEFIT AND REQUIRED BY REGULATION NO. 60

You are contemplating the purchase of a life insurance policy or annuity contract in connection with the surrender, lapse or change of existing life insurance policies or annuity contracts. The agent/broker is required to give you this notice together with a signed Disclosure Statement containing the summary result comparison for the new life insurance policy or annuity contract and any life insurance policies or annuity contracts to be changed that sets forth the facts of the transaction and its advantages and disadvantages to you. Your decision could be a good one - or a mistake - so make sure you understand the facts. You should:

1. Carefully study the Disclosure Statement, which includes a Summary Result Comparison, until you are sure you understand fully the effect of the transaction.
2. Ask the company or agent/broker from whom you bought your existing life insurance policies or annuity contracts to review with you the transaction and the Disclosure Statement. You may be able to effect the changes you desire more advantageously with them. Their customer service telephone number is contained in the Disclosure Statement.
3. Consult your tax advisor. There may be unfavorable tax implications associated with the contemplated changes to your existing life insurance policies or annuity contracts.

As a general rule, it is often not advantageous to drop or change existing coverage in favor of new coverage, whether issued by the same or a different insurance company. Some of the reasons it may be disadvantageous are:

1. The amount of the annual premium under an existing life insurance policy may be lower than that called for by a new life insurance policy having the same or similar benefits. Any replacement or the same type of policy will normally be at a higher premium rate based upon the insured's then attained age.
2. Since the initial costs of a life insurance policy are charged against the cash value increases in the earlier life insurance policy years, the replacement of an old life insurance policy by a new one results in the policyholder sustaining the burden of these costs twice. Annuity contracts usually contain provision for surrender charges, therefore a replacement involving annuity contracts may result in the imposition of surrender charges.
3. The incontestable and suicide clauses begin anew in a new life insurance policy. This could result in a claim being denied under the new life insurance policy that would have been paid under the life insurance policy that was replaced.
4. An existing life insurance policy or annuity contract often has more favorable provisions than a new life insurance policy or annuity contract in areas such as loan interest rate, settlement options, disability benefits and tax treatment.
5. There may have been changes in your health since the purchase of the existing coverage.
6. The insurance company with which you have existing coverage can often make a desired change on terms that would be more favorable than if you replaced existing coverage with new coverage.



Insurance Department of the State of New York
Important Notice Regarding Replacement
or Change of Life Insurance Policies or
Annuity Contracts (*Continued*)

You have the right, within 60 days from the date of delivery of a new life insurance policy or annuity contract, to return it to the insurer and receive an unconditional full refund of all premiums or considerations paid on it, or in the case of a variable or market value adjustment policy or contract, a payment of the cash surrender benefits provided under the policy or contract, plus the amount of all fees and other charges deducted from gross considerations or imposed under the life insurance policy or annuity contract, and MAY have the right to reinstate or restore any life insurance policies and annuity contracts that were surrendered, lapsed or changed in the transaction to their former status to the extent possible and in accordance with the insurer's published reinstatement rules to the extent such rules are not inconsistent with the provisions of this part.

IMPORTANT: THIS RIGHT SHOULD NOT BE VIEWED AS REINSTATING OR RESTORING YOUR LIFE INSURANCE POLICY OR ANNUITY CONTRACT TO THE SAME CONDITION AS IF IT HAD NEVER BEEN REPLACED. THERE MAY BE CONSEQUENCES IN REINSTATING OR RESTORING YOUR LIFE INSURANCE POLICY OR ANNUITY CONTRACT, INCLUDING BUT NOT LIMITED TO:

- The right to reinstate or restore your life insurance policy or annuity contract applies only to companies subject to New York insurance laws;
- Your life insurance policy or annuity contract is subject to your specific company's reinstatement rules, which may vary from company to company. These rules may require payment of both premium and interest; however, you will not be subject to evidence of insurability, or a new contestable or suicide period;
- You may not receive the interest or investment performance during the period the life insurance policy or annuity contract was replaced; and
- There may be unfavorable Federal Income Tax consequences as a result of the reinstatement of your life insurance policy or annuity contract.

IMPORTANT: IN THE CASE OF A VARIABLE OR MARKET VALUE ADJUSTMENT POLICY OR CONTRACT, THE VALUE OF THE POLICY OR CONTRACT MAY INCREASE OR DECREASE DURING THE 60 DAY PERIOD DEPENDING ON THE PERFORMANCE OF THE UNDERLYING INVESTMENTS, WHICH MAY EFFECT THE VALUE OF THE REFUND YOU RECEIVE.

I hereby acknowledge that I read the above "**IMPORTANT NOTICE**" and have received a copy of same.

Date _____ Signature of Applicant _____

Date _____ Signature of Applicant _____

INSURANCE DEPARTMENT OF THE STATE OF NEW YORK

DEFINITION OF REPLACEMENT

In order to determine whether you are replacing or otherwise changing the status of existing life insurance policies or annuity contracts, and in order to receive the valuable information necessary to make a careful comparison if you are contemplating replacement, the agent/broker is required to ask you the following questions and explain any items that you do not understand.

As part of your purchase of a new life insurance policy or a new annuity contract, has existing coverage been, or is it likely to be:

- 1. Lapsed, surrendered, partially surrendered, forfeited, assigned to the insurer replacing the life insurance policy or annuity contract, or otherwise terminated? Yes No
- 2. Changed or modified into paid-up insurance; continued as extended term insurance or under another form of nonforfeiture benefit; or otherwise reduced in value by the use of nonforfeiture benefits, dividend accumulations, dividend cash values or other cash values? Yes No
- 3. Changed or modified so as to effect a reduction either in the amount of the existing life insurance or annuity benefit or in the period of time the existing life insurance or annuity benefit will continue in force? Yes No
- 4. Reissued with a reduction in amount such that any cash values are released, including all transactions wherein an amount of dividend accumulations or paid-up additions is to be released on one or more of the existing policies? Yes No
- 5. Assigned as collateral for a loan or made subject to borrowing or withdrawal of any portion of the loan value, including all transactions wherein any amount of dividend accumulations or paid-up additions is to be borrowed or withdrawn on one or more existing policies? Yes No
- 6. Continued with a stoppage of premium payments or reduction in the amount of premium paid? Yes No

If you have answered yes to any of the above questions, a replacement as defined by New York Insurance Department Regulation No. 60 has occurred or is likely to occur and your agent is required to provide you with a completed Disclosure Statement and the **IMPORTANT** Notice Regarding Replacement or Change of Life Insurance Policies or Annuity Contracts.

Date _____ Signature of Applicant _____

Date _____ Signature of Applicant _____

To the best of my knowledge, a replacement is involved in this transaction: Yes No

Date _____ Signature of Agent/Broker _____



Insurance Department of The State of New York Disclosure Statement (Annuity to Annuity Replacement Only)

IMPORTANT: It may not be in your best interest to surrender, lapse, change or borrow from existing annuity contracts in connection with the purchase of a new annuity contract whether issued by the same or a different insurance company. You are urged to contact your existing agent or insurance company prior to completing the transaction. They can help you decide whether the replacement is in your best interest.

FOR YOUR PROTECTION, the Insurance Department of the State of New York requires that you be given this Disclosure Statement, the **IMPORTANT** Notice Regarding Replacement or Change of Life Insurance Policies or Annuity Contracts and the Definition of Replacement, together with policy information on all proposed and existing coverage affected.

PART A

Name of Applicant(s) _____ Telephone No. _____
 Address(es) _____
 Name of Agent/Broker _____ Telephone No. _____
 Agent's/Broker's Address _____

The Information on Existing Coverage on This Form Was Obtained From:

- The following replaced company(ies) _____
- Approximations if the following replaced company(ies) failed to provide information in the prescribed time:

PART B - DESCRIPTION OF TRANSACTION:

<u>The Proposed Annuity</u>	<u>Existing Annuity Contracts Affected</u>		
<u>Contract</u>	(1)	(2)	(3)
1 _____ Company Name	_____	_____	_____
2 _____ Customer Service	_____	_____	_____
_____ Phone Number	_____	_____	_____
3 <u>XXXXXX</u> _____ Annuity Contract Number	_____	_____	_____
4 _____ Type of Annuity	_____	_____	_____
5 <u>XXXXXX</u> _____ Annuity Issue Date	_____	_____	_____
6 _____ % Current Crediting Rate	_____ %	_____ %	_____ %
_____ (If Applicable)			
7 _____ % Guaranteed Rate	_____ %	_____ %	_____ %
_____ (If Applicable)			
8 \$ _____ Account Value	\$ _____	\$ _____	\$ _____
	As of _____	As of _____	As of _____
	Date (_____)	Date (_____)	Date (_____)
9 <u>N/A</u> _____ Minus Surrender Charge	\$ _____	\$ _____	\$ _____
_____ (If Any)			
10 <u>N/A</u> _____ Plus/Minus Market Value	\$ _____	\$ _____	\$ _____
_____ Adjustment (If Any)			
11 <u>N/A</u> _____ Equals Surrender Value	\$ _____	\$ _____	\$ _____

Additional Information:

IRS Plan Type (Check Box) Qualified or Non-Qualified
 Product Name (Select One) _____



Disclosure Statement (Continued) (Annuity to Annuity Replacement Only)

PART D - AGENT'S/BROKER'S STATEMENT:

1. The primary reason(s) for recommending the new annuity contract is (are):

2. The existing annuity contract cannot meet the applicant's objectives because:

3. The advantages of continuing the existing annuity contract without changes are:

4. The surrender charge, if my client replaces his or her existing annuity contact, is _____ % or \$ _____

5. The new annuity my client is applying for imposes a new surrender charge as follows:
(Describe percentage rate of surrender charge for each year in which a surrender charge is imposed.)

Year: 1 2 3 4 5 6 7 - - -
 % % % % % % % % % %

Explain, if necessary: _____

Remarks: _____

- The attached proposal, including sales material, was used in this sale.
- No proposal or sales material was used in this sale.

If more than three existing annuity contracts are to be affected by this transaction or if more than one new annuity contract is proposed, the second page of this Disclosure Statement must be completed for such additional annuity contracts. In addition, a composite comparison of all existing annuity contracts to all proposed annuity contracts shall be completed. The proposal, including sales material used in the sale of the proposed annuity contract, must accompany the submission of this form to the insurer. Copies must be given to the applicant.

I have personally completed this form and certify that it is correct to the best of my knowledge and ability.

Date _____ Signature of Agent/Broker _____

I hereby acknowledge that I received and read the above "Disclosure Statement" before I signed the application for the new annuity contract.

Date _____ Signature of Applicant _____

Date _____ Signature of Applicant _____

PART A

Name of Applicant(s) - Name of person(s) applying for coverage

Telephone Number - Home telephone number of applicant(s)

Address(es) - Address of applicant(s)

Name of Agent/Broker - Name of agent/broker writing new coverage

Telephone Number - Agent's/Broker's business telephone number

Agent's/Broker's Address - Agency business address, with Name of Agency or Company affiliation, if any.

Source of Information on Existing Coverage - If any information on existing coverage was received from one or more replaced company(ies), mark "X" in "The following replaced company(ies)" box and list the names of the company(ies) which provided the information. If any approximations were used because requested information was not provided by one or more replaced company(ies), mark "X" in the "Approximations" box and list the names of the replaced company(ies) which did not provide the information.

PART B - Description of Transaction

Line 1: Company Name - Names of insurance companies for proposed and existing contracts.

Line 2: Customer Service Phone No. -Customer service telephone numbers for proposed and existing contracts.

Line 3: Annuity Contract No. - Blank for proposed contracts; contract numbers of existing contracts.

Line 4: Type of Annuity - Type of deferred annuity, e.g., fixed only, variable only or combination fixed/variable, for proposed and existing contracts.

Line 5: Annuity Issue Date - Blank for proposed contracts; issue date for existing contracts

Line 6: Current Crediting Rate (If Applicable) - Current crediting rates of proposed and existing fixed only annuity contracts.

Line 7: Guaranteed Rate (If Applicable) - Minimum guaranteed crediting rates of proposed and existing fixed only annuity contracts.

Line 8: Account Value:

Proposed Contract(s) - Sum total of the surrender values of the existing contracts shown on line 11.

Existing Contract(s) - Current account value, before deduction of surrender charges, market value adjustments and other contractual deductions, as of date shown.

As of Date - As of date values are shown for existing contract(s)

Line 9: Surrender Charge (If Any) - For existing contract(s), determine surrender charge as of date shown on line 8, including any applicable contractual charges, other than market value adjustments (MVA).

Line 10: Market Value Adjustment (If Any) - For existing contracts, determine MVA as of date shown on line 8. If surrender charge and MVA are not separately determinable, include the combined charges under the surrender charge category and note on the MVA line "included above."

Line 11: Surrender Value - For existing contracts, determine surrender value by deducting the surrender charge and/or MVA from the account value.

Additional Information (optional) - Any additional information on proposed contract(s), such as IRS plan type, product trade name, etc., requested by the replacing insurer to identify the particular contract(s) being proposed.

PART C - Summary Result Comparison

General Instructions - Assume **no** future deposits or withdrawals in determining illustrated values in this Part C. If more than one contract is being replaced and/or being proposed, determine the illustrated values in this Part C as the sum total of the values for the individual contracts on the dates shown in Part B.

Line 1: Surrender Value to be Invested for Proposed Annuity - Determine the surrender value as the sum total of the surrender values of the existing contracts shown on line 11 of Part B.

Line 2: Current Value of Existing Annuity(ies) - Determine the current value as the sum total of the account values of the existing contracts shown on line 8 of Part B.

PART C - Summary Result Comparison (Continued)

Lines 3-6: **Surrender Value of Fixed Annuity** - In the appropriate fixed annuity columns, determine the surrender value as the sum total of the cash surrender values of each of the proposed and the existing contracts at the end of 1, 3, 5 and 10 years after the date of the illustration.

At Guaranteed Rate - For a proposed fixed only annuity, accumulate "Surrender Value to be Invested" (line 1) using the current crediting rate (including the effect of bonuses, if applicable) until the end of the current crediting rate guarantee period, and the minimum guaranteed crediting rate thereafter. For the existing fixed only annuity(ies), accumulate "Current Value" (line 2) in a similar manner. Deduct surrender charge and/or market value adjustment, as appropriate.

At Current Rate - For a proposed fixed only annuity, accumulate "Surrender Value to be Invested" (line 1) using the current crediting rate (including the effect of bonuses, if applicable) until the end of the current crediting rate guarantee period, and the current one year term crediting rate thereafter. For the existing fixed only annuity(ies), accumulate "Current Value" (line 2) in a similar manner. Deduct surrender charge and/or market value adjustment, as appropriate.

Lines 3-6: **Surrender Value of Variable Annuity** - In the appropriate variable annuity columns, determine the surrender value as the sum total of the cash surrender values of each of the proposed and the existing contracts at the end of 1, 3, 5 and 10 years after the date of the illustration.

At 0%, 6%, 12% - For all fixed and/or variable investment division funds of a proposed combination fixed/variable or variable only annuity, accumulate "Surrender Value to be Invested" (line 1) at 0%, 6%, and 12% annual investment rates. For all fixed and/or variable investment division funds of existing combination fixed/variable and variable only annuity(ies), accumulate "Current Value" (line 2) in a similar manner. Note that the annual investment rates are assumed to have already been reduced by management and other fund expenses and other contractual charges (other than surrender charge). Deduct surrender charge and/or market value adjustment, as appropriate.

Line 7-10: **Death Benefit of Fixed Annuity** - In the appropriate fixed annuity columns, determine the death benefit as the sum total of the death benefits of each of the proposed and the existing contracts at the end of 1, 3, 5 and 10 years after the date of the illustration. These values should reflect the effect of any minimum death benefit guarantees of the proposed and existing contracts.

At Guaranteed Rate - For a proposed fixed only annuity, accumulate "Surrender Value to be Invested" (line 1) using the current crediting rate (including the effect of bonuses, if applicable) until the end of the current crediting rate guarantee period, and the minimum guaranteed crediting rate thereafter. For the existing fixed only annuity(ies), accumulate "Current Value" (line 2) in a similar manner.

At Current rate - For a proposed fixed only annuity, accumulate "Surrender Value to be Invested" (line 1) using the current crediting rate (including the effect of bonuses, if applicable) until the end of the current crediting rate guarantee period, and the current one year term crediting rate thereafter. For the existing fixed only annuity(ies), accumulate "Current Value" (line 2) in a similar manner.

Lines 7-10: **Death Benefit of Variable Annuity** - In the appropriate variable annuity columns, determine the death benefit as the sum total of the death benefits of each of the proposed and the existing contracts at the end of 1, 3, 5 and 10 years after the date of the illustration. These values should reflect the effect of any minimum death benefit guarantees of the proposed and existing contracts.

At 0%, 6%, 12% - For all fixed and/or variable investment division funds of a proposed combination fixed/variable or variable only annuity, accumulate "Surrender Value to be Invested" (line 1) at 0%, 6%, and 12% annual investment rates. For all fixed and/or variable investment division funds of existing combination fixed/variable and variable only annuity(ies), accumulate "Current Vale" (line 2) in a similar manner. Note that the annual investment rates are assumed to have already been reduced by management and other fund expenses and other contractual charges (other than surrender charge).

PART D - Agent's/Broker's Statement

Disclosure Question 1 - Enter the reason(s) for recommending the new annuity contracts.

Disclosure Question 2 - Enter the reason(s) why the existing annuity contracts cannot meet the applicant's objectives (e.g., too expensive, not high enough crediting rates).

Disclosure Question 3 - List the advantages of continuing the existing annuity contracts (e.g., no surrender charge).

Disclosure Question 4 - List the percentages and/or amounts of surrender charge(s) of the existing contracts to be replaced. List the year-by-year surrender charges of the proposed contracts. Enter an explanation, if necessary.

Remarks - Enter any appropriate comments.

Proposal Used - Enter an "X" in the appropriate box indicating if proposal and/or sales material was used to make the sale.

Agent/Broker's Certification - Agent/Broker signs and dates the form.

Applicant's Acknowledgment - Applicant(s) sign and date the form.



Disclosure Statement

PART C - SUMMARY RESULT COMPARISON*

THE PROPOSED ANNUITY

1 Surrender Value to be Invested \$ _____

	Hypothetical Rates of Return				
	If Fixed Annuity		If Variable Annuity		
	At Guaranteed Rate	At Current Rate***	@0%	@6%	@12%
3	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
4	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
5	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
6	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
7	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
8	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
9	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
10	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

**SURRENDER
VALUE**
In 1 Year
In 3 Years
In 5 Years
In 10 Years

**DEATH
BENEFIT**
In 1 Year
In 3 Years
In 5 Years
In 10 Years

IF YOU CONTINUE YOUR EXISTING ANNUITY(IES)**

2 Current Value \$ _____

	Hypothetical Rates of Return				
	If Fixed Annuity		If Variable Annuity		
	At Guaranteed Rate	At Current Rate	@0%	@6%	@12%
In 1 Year	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
In 3 Years	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
In 5 Years	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
In 10 Years	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
In 1 Year	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
In 3 Years	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
In 5 Years	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
In 10 Years	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

* Calculations for both current and proposed policies are based on current values and do not include possible future additional deposits or withdrawals.
 ** If more than one policy is being replaced, the figures shown reflect the aggregate total of the values for policies currently in force on the dates shown in Part B.
 *** Since the fixed rate declared is subject to change at any time, the rate actually declared in effect on the date of issue may differ from the current rate indicated above, and the return received on the investment may differ from our current rate.



Request for Information and Authorization

To _____

Policy or Contract Number(s) _____

Insured/Annuitant _____

Type of Union Central contract being applied for: Annuity Life Insurance Variable Life Insurance

A replacement of the above policy or contract has or is likely to occur. Please provide information necessary to complete the Disclosure Statement required by New York Regulation 60. A copy of the Disclosure Statement is enclosed.

AUTHORIZATION TO OBTAIN INFORMATION

By signing below, I authorize and request the undersigned agent/broker, and The Union Central Life Insurance Company to obtain account information from my current insurer related to my existing life insurance policy or contract referenced above.

Date _____ Signature of Applicant _____

Date _____ Signature of Applicant _____

Agent/Broker _____

Address _____

Phone _____

Fax _____

Signature of Agent/Broker _____

Mail First Copy to Replaced Company and Second Copy to Union Central Home Office.
The Union Central Life Insurance Company, 1876 Waycross Road, P.O. Box 40888, Cincinnati, Ohio 45240
1-800-825-1551, 513-595-2200



Exchange of Life Insurance/Annuity Policy Under Internal Revenue Code Section 1035(a)

INSTRUCTIONS: Parts I and II are to be completed by the owner. Part III will be completed by The Union Central Life Insurance Company.

PART I **ASSIGNMENT OF OWNERSHIP**

This Section should be completed by owner:

Insured/Annuitant _____

Owner (Assignor) _____

Policy number to be surrendered _____

Policy issued by
(including address to correspond) _____
Company Name

Number and Street _____

City, State, Zip _____

Assignee: **THE UNION CENTRAL LIFE INSURANCE COMPANY**
P.O. Box 40888
Cincinnati, Ohio 45240
Union Central I.D. #31-0472910

The Assignor intends that the sole purpose of this Assignment is to accomplish an exchange of insurance policies under Section 1035(a) of the Internal Revenue Code. This assignment, without limitation, specifically includes:

- (1) the right to surrender the policy for its cash value, if any; and
- (2) the right to transfer any and all rights received under this Assignment; and
- (3) the right to receive death benefits, which may become payable under the policy; and
- (4) the right to exercise all other policy rights and privileges; all without consent of the Assignor and without notice to the Assignor.

The Assignor hereby certifies and declares that no proceeding in bankruptcy is pending against the Assignor.

Therefore, the undersigned hereby designates The Union Central Life Insurance Company as beneficiary of the death benefits payable under the policy or contract described above to the extent of the cash surrender value of the policy or contract as of the date of the Insured's death. Any remaining death benefits shall be paid to the persons entitled thereto under the policy or contract. Except as stated above, this beneficiary designation shall not affect or change any beneficiary designation previously recorded.

Immediately following the above beneficiary designation, for value received, the undersigned Assignor hereby absolutely assigns and transfers all rights, title and interest in the above policy or contract to the Assignee, in exchange for a new life insurance policy or annuity contract which is described in the application for such new policy or contract that is submitted with this Assignment.

The Assignor has specifically requested the Assignee to participate in this transaction. The Assignor understands and agrees that the Assignee:

- (1) makes no representations and has no responsibility nor liability regarding the Assignor's tax treatment under Section 1035(a) of the Internal Revenue Code; and
- (2) Does not guarantee the validity or sufficiency of this assignment.

Dated at _____, this _____ day of _____, year _____.

DECLARATIONS: The undersigned hereby declares that:

- (1) I own the above policy and request the actions indicated, knowing community property law may require spouse consent; and
- (2) No bankruptcy proceedings are now pending against the owner.

IMPORTANT: Please note, if the policyowner is a resident of a community property state (AZ, CA, ID, LA, NV, NM, TX, WA, and WI), the policyowner's spouse is required by that state to sign this form as "Other Required Signature". The form will be returned if incomplete. If the policyowner has never been married, then please state "Not Married" on the "Other Required Signature" line. If the policyowner is divorced or the spouse is deceased, we will need verification of this for our records for future requests, ie, certified copy of death certificate, certified copy of divorce decree.

Witness _____ Owner(s) _____

Other Required Signature _____

Witness _____ Irrevocable Beneficiary(ies) _____

The Union Central Life Insurance Company, P.O. Box 40888, Cincinnati, Ohio 45240

PART II**RETURN OF POLICY**

This Section should be completed by the owner.

- The policy is enclosed
- The undersigned declare(s) that the policy/contract issued under the aforementioned number cannot be found. If found later, I/we agree to return it to the Company without a claim.

Date _____ Owner(s) _____

PART III**SURRENDER OF POLICY**

This Section will be completed in the Home Office of The Union Central Life Insurance Company.

The Union Central Life Insurance Company, as assignee, hereby presents this policy for the surrender of its full cash surrender value in order to affect and exchange and rollover for a new policy as permitted under Section 1035(a) of the Internal Revenue Code.

Please make the settlement check payable to The Union Central Life Insurance Company and mail to the following:

The Union Central Life Insurance Company
Cash Division
P.O. Box 40888
Cincinnati, Ohio 45240

Attention: Life Issue
 Annuity Issue

It is our understanding that the issuer of the policy(ies) being exchanged is required under IRC Section 1035(a) to provide us with the information sufficient to establish the cost basis. Please provide this information along with the settlement check. Also, please indicate whether the policy was a modified endorsement contract (MEC) under IRC § 7702A.

The Union Central Life Insurance Company agrees that both the payment of the value requested and the furnishing of the cost basis will be in full settlement of all claims and right of any obligations.

Date _____

By _____

Please identify your remittance with Union Central policy number _____



Request for Transfer/Rollover of Accounts

1. YOUR NAME AND ADDRESS

Name _____
 Address _____
 City _____ State _____ Zip _____
 Social Security Number _____ Daytime Phone Number _____

2. EXISTING ACCOUNT TO BE TRANSFERRED ROLLED OVER (Attach Policy)

Name of Financial Institution/Trustee/Custodian _____
 Attention of _____
 Address _____
 City _____ State _____ Zip _____
 Account or Policy Number _____
 Type of Retirement Account _____

Please attach a copy of the client's most recent statement.

If participant is age 70 1/2 or older, please transact the required current year's minimum distribution amount before transferring these funds.

3. TYPE OF INVESTMENT TRANSFERRING TO UNION CENTRAL

FROM: Annuity Annuity Name _____ **TO:** Fixed Annuity Variable Annuity
 Mutual Fund Fund(s) _____
 CD Date of Maturity _____ Please send us this transfer form four weeks prior to the maturity date of your CD.
 Other _____

4. TYPE OF PLAN (when applicable)

FROM:	TO:
<input type="checkbox"/> Tax-Sheltered Annuity [See Section 403(b)]	<input type="checkbox"/> Tax-Sheltered Annuity [See Section 403(b)]
<input type="checkbox"/> IRA (See Section 408)	<input type="checkbox"/> Individual Retirement Annuity (See Section 408)
<input type="checkbox"/> Traditional IRA	<input type="checkbox"/> Traditional IRA
<input type="checkbox"/> Part of a Simplified Employee Pension Plan	<input type="checkbox"/> Part of a Simplified Employee Pension Plan
<input type="checkbox"/> Part of a SIMPLE Plan	<input type="checkbox"/> Part of a SIMPLE Plan
<input type="checkbox"/> Roth IRA	<input type="checkbox"/> Roth IRA
<input type="checkbox"/> Qualified Self-Employed Retirement Plan (HR-10)	<input type="checkbox"/> Qualified Self-Employed Retirement Plan (HR-10)
<input type="checkbox"/> Qualified Corporate Pension, Profit-Sharing or	<input type="checkbox"/> Qualified Corporate Pension, Profit-Sharing or
<input type="checkbox"/> 401(k) Plan (See Section 401)	<input type="checkbox"/> 401(k) Plan (See Section 401)
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

5. TO EXISTING FINANCIAL INSTITUTION, TRUSTEE OR CUSTODIAN

I have established a retirement account with Union Central. Please liquidate or surrender the assets in my account as indicated below. I would appreciate your prompt attention to this request.

PLEASE CHECK ONE

- Surrender the enclosed annuity contract(s) and forward the proceeds in cash to Union Central.
- Liquidate (all) or part (\$ _____) of the account listed in Section 3 and transfer the proceeds, to Union Central
 - Immediately or at Maturity.

Sales and administrative charges may be imposed by the present Trustee or Custodian. Any charges of the plan maintained at The Union Central Life Insurance Company have been explained to me.

Send check payable to: The Union Central Life Insurance Company

For Benefit of _____

P.O. Box 40888, Cincinnati, Ohio 45240

Note to Participant: Advice as to legal or tax effects of this transaction should be obtained from your attorney or accountant.

Participant's Signature _____ Date _____

TO BE COMPLETED BY UNION CENTRAL

Union Central will accept the proceeds as described above. Also include the following information on the check:

Account Number _____ FBO _____ Authorized Signature _____
 Date _____ Title _____ Phone Number _____

The Union Central Life Insurance Company, P.O. Box 40888, Cincinnati, Ohio 45240