



## **Cover Letter and Instructions for 1035 Exchange Package**

Enclosed please find a 1035 Exchange Request Acceptance Letter (pg 1), a Transfer Request For Tax Non-Qualified Accounts Section 1035 Tax Free Exchange (pg 2), and a Cost Basis Form to be completed by a representative of the institution presently holding the funds (pg 3).

- 1) Please enter your name and annuity # in the appropriate spaces on the 1035 Exchange Request Acceptance Letter (pg 1).
- 2) Please complete the Transfer Request For Tax Non-Qualified Accounts Section 1035 Tax Free Exchange (pg 2), inserting the name and address of the institution presently holding your **nonqualified account**, your current account number, and the approximate value of the current account. Sign and date this form.
- 3) **After completing and signing these forms, return all three (3) forms to the FCSLA Life Home Office using the BLUE return envelope, or clearly mark your envelope "Attn: Annuity Dept."**

Please note: It is the responsibility of the member to follow-up with the present institutional fund holder regarding the status of the transferred funds.

If you have any questions, call our toll-free number at 1-800-464-4642, ext. 1065 and speak with the personnel in our Annuity Department.

Fraternally yours,

FCSLA Life Annuity Dept.

Enclosures



---

**1035 EXCHANGE REQUEST (Nonqualified)** [page 1]

RE: \_\_\_\_\_  
Proposed Annuitant Name

Please be advised that FCSLA Life will accept transfer monies

FOR THE BENEFIT OF: \_\_\_\_\_ and will transfer it to the  
Proposed Annuitant / Owner Name

ACCOUNT NUMBER: \_\_\_\_\_  
Annuity Number

Please be advised also that the above-named Annuitant is also the Sole Owner of the annuity account referenced above.

Please make the check payable to FCSLA Life for the benefit of

\_\_\_\_\_ and send it to the following address:  
Proposed Annuitant / Owner Name

FCSLA Life  
Attn: Annuity Department  
24950 Chagrin Boulevard  
Beachwood, OH 44122

If you have any questions, please call 1-800-464-4642 ext. 1065 and speak with the personnel in our annuity department.

Sincerely,

Frank L. Rando  
Interim National Treasurer

FLR/

Enclosures



**TRANSFER REQUEST FOR TAX-NONQUALIFIED ACCOUNTS**  
**SECTION 1035 TAX FREE EXCHANGE [page 2]**

TO: \_\_\_\_\_  
NAME OF THE PRESENT INSTITUTION

\_\_\_\_\_  
ADDRESS OF THE PRESENT INSTITUTION

SUBJECT: \_\_\_\_\_  
NAME OF PROPOSED ANNUITANT/ OWNER

\_\_\_\_\_  
PRESENT INSTITUTION'S ACCOUNT NUMBER

Please liquidate and transfer:

\_\_\_\_\_ The entire balance in the above listed account

\_\_\_\_\_ Specified amount you wish to transfer.

The funds will be deposited into my FCSLA Life tax deferred nonqualified

Annuity # \_\_\_\_\_.  
Annuity Number

\_\_\_\_\_  
Proposed Annuitant/ Owner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

I hereby assign and transfer all rights, title and interest of every nature and character in the above annuity Contract to FCSLA Life. The purpose of this assignment is to effect a non-taxable exchange of the Contract under Internal Revenue Code Section 1035(a).



---

**Attn Present Institutional Fund Representative:  
Please complete this Cost Basis Form and return it with the 1035 Exchange check.**

**COST BASIS FORM** [page 3]

Client: \_\_\_\_\_  
Proposed Annuitant / Owner Name

Policy # \_\_\_\_\_  
Present Institution Account Number  
[For transfer into FCSLA Life annuity # \_\_\_\_\_]

Pre-Tefra Premium (contributions before 8/14/82): \_\_\_\_\_

Post-Tefra Premium (contributions on or after 8/14/82): \_\_\_\_\_

Interest Earned: \_\_\_\_\_

Total Distribution: \_\_\_\_\_