

- Instructions:
- A. Please type or print and provide an overnight address of the current Surrendering Insurance Company.
 - B. Owner's and any joint owner's signatures are required on this form.
 - C. The following items must be mailed to the Accepting Insurance Company to process a 1035 Exchange:
 - 1. This form, "Request for 1035 Exchange (Nonqualified)"
 - 2. Old Policy/contract to be exchanged (if lost, please indicate in Section 2 below)
 - 3. State replacement form **(if required by the state)**
 - 4. Application for the Accepting Insurance Company

1. Surrendering Company Information

 Surrendering Insurance Company Telephone Number _____

 Address (Include No., Street, City, State, and ZIP Code)

2. Policy/Contract Information

 Policy/Contract Number

The amount requested and directed for payment represents a:

Partial transfer of \$ _____

Full liquidation and transfer by check.

 Owner Name Tax ID Number _____

 Joint Owner Name Tax ID Number _____

 Annuitant Name(s) Tax ID Number _____

3. Accepting Company Information

Phoenix _____
 Accepting Insurance Company Contract Number _____

8 0 0 4 1 7 - 4 7 6 9
 Telephone Number

ATTN: Phoenix Products PO Box 8027 Boston, MA 02266-8027
 Address

4. Signatures

I do hereby absolutely assign and transfer the above referenced contract (the "Contract") to Phoenix, along with any and all claims, demands, options, privileges, rights, title, and interest therein as consideration and in exchange for a contract to be issued by Phoenix in conformance with IRC Sec. 1035. All rights and privileges exercisable by me as Owner of the Contract (including the right to surrender the Contract) are exercisable by Phoenix as of the date of my signature hereon. I declare that the Contract is not subject to any assignment, pledge, collateral assignment or other lien; that I am not insolvent; that no proceedings in bankruptcy have been instituted by or against me; and, that I am not under guardianship, conservatorship, or any legal disability rendering me incompetent to execute this document.

Disclaimer: You should consult your own tax advisor regarding the tax treatment of this 1035 exchange request, the consequences of which you expressly agree to assume. If this is a partial exchange, withdrawals within 12 months may result in adverse taxation. Phoenix makes no representations concerning your tax treatment under IRC Sec. 1035 or otherwise and does not assume responsibility for the tax treatment of this transaction.

Signed at _____ this _____ day of _____
 City and State Date Month Year

If the funds for this annuity are coming from multiple contracts/accounts, I consent to having the amounts received placed in a non-interest bearing account until all expected funds are received. I consent to and understand that while the funds are in this account, no annuity coverage will be in force. I understand that the amounts will be in the non-interest bearing account for no more than 30 calendar days, unless I specifically consent to a longer period of time.

 Owner Signature Joint Owner or (Spouses only if community property) Signature _____

 Insured Signature (life only) Irrevocable Beneficiary Signature _____

5. Acceptance of Assignment

The Accepting Insurance Company, as assignee, accepts this assignment and hereby requests full surrender of the above-referenced Policy/Contract. The surrender represents a transfer of funds to the Accepting Insurance Company to qualify as a Section 1035(a) exchange. When the surrender is completed, please provide the Accepting Insurance Company a report of the pre- and post-TEFRA cost basis in the Policy/Contract.

 Authorized Signature Title Date (Month, Day, Year) _____

 Authorized Signature Title _____

Send completed application to Phoenix:

Regular Mail: Phoenix Mail Operation, PO Box 8027, Boston MA 02266-8027
Express Mail: Phoenix Mail Operation, 30 Dan Road, Canton MA 02021-2809