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PARTIAL 1035 ANNUITY EXCHANGE

ANNUITANT NAME: _____ ADDRESS: _____

SOCIAL SECURITY NO.: _____ CITY: _____

CONTRACT NO.: _____ STATE: _____

COMPANY NAME: _____ ZIP CODE: _____

COMPANY SERVICE ADDRESS: _____

AMOUNT TO BE TRANSFERRED PURSUANT OF SECTION IRC SECTION 1035: _____

I understand that Sons of Norway is furnishing this form and participating in this transaction at my specific request. Accordingly, I am not relying on Sons of Norway, its representatives or employees for any tax advice whatsoever with respect to the transaction. I understand that any tax obligations resulting from this transaction are mine. Further, I assume any and all risk with respect to the accomplishment of a valid Section 1035 exchange under the Internal Revenue Code.

I understand this partial exchange creates no insurance.

I am the sole owner of the contract being affected by this exchange. No other person, firm, corporation or governmental unit has any legal or equitable claim or interest in or against the contract.

Signed at _____ on _____
City/State Month/Day/Year

Annuitant

Witness