



# Absolute Assignment to Effect Section 1035(A) Exchange and Rollover of Life Insurance, or Endowment, or Annuity Policy

**Check One:**

Please print using dark ink

- IA American (IAA)
- Industrial Alliance Pacific Insurance and Financial Services Inc. (IAP)  
(DBA in CA as Industrial-Alliance *Pacific* Life Insurance Company, United States Branch)  
(DBA in OR as Industrial-Alliance *Pacific* Life insurance Company)

Policy Number:	Policy Type:

Owner:	Insurer:

I hereby assign and transfer without exceptions, limitations, or reservation to IAP or IAA ("the Company"), all assignable benefits, interest, property and rights in the policy or contract described above ("the Policy") in exchange for a new policy as described in my application to the Company for such new policy.

I expressly represent that the sole purpose of this Assignment is to effect an exchange and rollover of policy(s) under section 1035(a) of the Internal Revenue Code. If no exchange takes place, then this Assignment shall become null and void.

I understand that when the Company underwrites and issues a new policy or annuity on the life of the same insured named in the Policy, and I have accepted that new policy, and the policy inspection period has expired, then the company intends to surrender the Policy for its cash value and that the Policy will no longer be in force or effect as of the coverage termination date. Upon receipt of the surrender value by the Company, the proceeds will be applied to and considered part of the purchase payment for the new life insurance policy. I specifically assign the Policy to the Company as collateral security for the amount of its cash surrender value.

I represent and warrant that no person, firm or corporation has interest in the Policy, except the undersigned, and that no proceedings of either a legal or equitable nature have been instituted or are pending against the undersigned.

Furthermore, I understand that by executing this Assignment, I irrevocably waive all rights, claims and demands under the Policy.

I represent and agree that IAP or IAA is furnishing this form and is participating in this transaction at my specific request and as an accommodation to me. I represent and agree that IAP or IAA has made no representations concerning my tax treatment under Internal Revenue Code Section 1035 or otherwise. IAP or IAA assumes no responsibility nor liability for the validity or effect of this assignment nor the undersigned's tax treatment under Internal Revenue Code Section 1035 or otherwise.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

at \_\_\_\_\_

\_\_\_\_\_  
Signature of Policyowner (Assignor)

\_\_\_\_\_  
Signature of Spouse

If the policyowner lives in a community property state, because of the Community Property Laws of these states, this request must also be signed by both wife and husband.

**IAP/IAA Service Center**

Contracting Department, P.O. Box 19009, Greenville, SC 29602 9009  
Tel: (866) 363-3290 FAX: (866) 368-0095