

ACORD 951e (2017/06) - 1035 Exchange / Rollover / Transfer eForm

ACORD 951e, 1035 Exchange / Rollover / Transfer eForm, can be used to initiate an electronic FULL or a PARTIAL Exchange of contracts pursuant to Internal Revenue Code (IRC) Section 1035. This form can also be used for Transfers and Rollovers. Complete the requested information concerning the existing contract, ensure the appropriate boxes are checked, and date and sign this form. Refer to the application, and if applicable, prospectus and any state required forms for additional important disclosures and information. Check with both the receiving and surrendering company for form requirements specific to the transaction that is being initiated.

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Section Name	Field Name	Description
IDENTIFICATION SECTION	Receiving Company	Enter text: The insurer's full legal company name(s) as found in the file copy of the policy. Use the actual name of the company within the group to which the policy has been issued. This is not the insurer's group name or trade name. As used here, this is the receiving company.
IDENTIFICATION SECTION	Business Address Line 1	Enter text: The first line of the insurer's physical business address. As used here, this refers to the receiving company.
IDENTIFICATION SECTION	Business Address Line 2	Enter text: The second line of the insurer's physical business address. As used here, this refers to the receiving company.
IDENTIFICATION SECTION	Business Address City	Enter text: The city of the insurer's physical business address. As used here, this refers to the receiving company.
IDENTIFICATION SECTION	Business Address State	Enter code: The state or province code for the insurer's physical business address. As used here, this refers to the receiving company.
IDENTIFICATION SECTION	Business Address Zip Code	Enter code: The postal code for the insurer's physical business address. As used here, this refers to the receiving company.
IDENTIFICATION SECTION	Mailing Address Line 1	Enter text: The first line of the insurer's mailing address. As used here, this refers to the receiving company.
IDENTIFICATION SECTION	Mailing Address Line 2	Enter text: The second line of the insurer's mailing address. As used here, this refers to the receiving company.
IDENTIFICATION SECTION	Mailing Address City	Enter text: The city of the insurer's mailing address. As used here, this refers to the receiving company.
IDENTIFICATION SECTION	Mailing Address State	Enter code: The state or province code of the insurer's mailing address. As used here, this refers to the receiving company.
IDENTIFICATION SECTION	Mailing Address Zip Code	Enter code: The postal code of the insurer's mailing address. As used here, this refers to the receiving company.
IDENTIFICATION SECTION	Overnight Address Line 1	Enter text: The first line of the insurer's overnight address. As used here, this refers to the receiving company.

IDENTIFICATION SECTION	Overnight Address Line 2	Enter text: The second line of the insurer's overnight address. As used here, this refers to the receiving company.
IDENTIFICATION SECTION	Overnight Address City	Enter text: The city of the insurer's overnight address. As used here, this refers to the receiving company.
IDENTIFICATION SECTION	Overnight Address State	Enter code: The state or province code of the insurer's overnight address. As used here, this refers to the receiving company.
IDENTIFICATION SECTION	Overnight Address Zip Code	Enter code: The postal code of the insurer's overnight address. As used here, this refers to the receiving company.
CONTRACT INFORMATION	Contract Number	Enter identifier: The identifier assigned by the insurer to the policy, or submission, being referenced exactly as it appears on the policy, including prefix and suffix symbols. If required for self-insurance, the self-insured license or contract number. As used here, this is either the new or existing contract number. There may be additional state specific forms required. Please confirm the availability of 1035 Exchanges into existing contracts with the Receiving Company.
CONTRACT INFORMATION	Receiving Carrier DTCC #	Enter identifier: The DTCC # for the receiving carrier.
SURRENDERING COMPANY POLICY / ACCOUNT / CONTRACT INFORMATION	Surrendering Company Name	Enter text: The insurer's full legal company name(s) as found in the file copy of the policy. Use the actual name of the company within the group to which the policy has been issued. This is not the insurer's group name or trade name. As used here this is the surrendering company. Complete one form for each surrendering company.
SURRENDERING COMPANY POLICY / ACCOUNT / CONTRACT INFORMATION	Surrendering Company Account / Policy / Contract Number	Enter identifier: The identifier assigned by the insurer to the policy, or submission, being referenced exactly as it appears on the policy, including prefix and suffix symbols. If required for self-insurance, the self-insured license or contract number. As used here, this is the surrendering company account, policy or contract number.
SURRENDERING COMPANY POLICY / ACCOUNT / CONTRACT INFORMATION	Street Address (No P.O. Box) Line 1	Enter text: The first line of the insurer's mailing address. As used here, this refers to the surrendering company.
SURRENDERING COMPANY POLICY / ACCOUNT / CONTRACT INFORMATION	Line 2	Enter text: The second line of the insurer's mailing address. As used here, this refers to the surrendering company.
SURRENDERING COMPANY POLICY / ACCOUNT / CONTRACT INFORMATION	City	Enter text: The city of the insurer's mailing address. As used here, this refers to the surrendering company.
SURRENDERING COMPANY POLICY / ACCOUNT / CONTRACT INFORMATION	State	Enter code: The state or province code of the insurer's mailing address. As used here, this refers to the surrendering company.
SURRENDERING COMPANY POLICY / ACCOUNT / CONTRACT INFORMATION	Zip	Enter code: The postal code of the insurer's mailing address. As used here, this refers to the surrendering company.

SURRENDERING COMPANY POLICY / ACCOUNT / CONTRACT INFORMATION	Phone Number	Enter number: The primary phone number of the insurer. As used here, this refers to the surrendering company.
SURRENDERING COMPANY POLICY / ACCOUNT / CONTRACT INFORMATION	Ext	Enter number: The extension of the primary phone number of the insurer. As used here, this refers to the surrendering company.
SURRENDERING COMPANY POLICY / ACCOUNT / CONTRACT INFORMATION	Surrendering Plan Type	Enter text: The description of the contract type. As used here, this refers to the surrendering company account, policy or contract.
SURRENDERING COMPANY POLICY / ACCOUNT / CONTRACT INFORMATION	Surrendering Product Type	Enter text: The description of the surrendering product type. (Life, Annuity, CD, MF, Other)
SURRENDERING COMPANY POLICY / ACCOUNT / CONTRACT INFORMATION	Estimated Amount of Transfer	Enter amount: The estimated amount of transfer for the policy from the surrendering carrier.
SURRENDERING COMPANY POLICY / ACCOUNT / CONTRACT INFORMATION	First Name / Entity Name	Enter text: The primary owner's given name. As used here, the surrendering policy or contract owner's first name.
SURRENDERING COMPANY POLICY / ACCOUNT / CONTRACT INFORMATION	Middle Name	Initial here: The primary owner's other given name or initial. As used here, the surrendering policy or contract owner's middle name or initial.
SURRENDERING COMPANY POLICY / ACCOUNT / CONTRACT INFORMATION	Last Name	Enter text: The primary owner's surname. As used here, the surrendering policy or contract owner's last name.
SURRENDERING COMPANY POLICY / ACCOUNT / CONTRACT INFORMATION	Social Security Number / Tax ID #	Enter identifier: The tax identifier of the primary owner. As used here, the surrendering policy or contract owner's social security number or tax identification number.
SURRENDERING COMPANY POLICY / ACCOUNT / CONTRACT INFORMATION	Joint Owner First Name	Enter text: The joint owner's given name. As used here, the surrendering policy or contract joint owner's first name. Please confirm the availability of these options with the receiving company.
SURRENDERING COMPANY POLICY / ACCOUNT / CONTRACT INFORMATION	Joint Owner Middle Name	Initial here: The joint owner's other given name or initial. As used here, the surrendering policy or contract joint owner's middle name or initial.
SURRENDERING COMPANY POLICY / ACCOUNT / CONTRACT INFORMATION	Joint Owner Last Name	Enter text: The joint owner's surname. As used here, the surrendering policy or contract joint owner's last name.

SURRENDERING COMPANY POLICY / ACCOUNT / CONTRACT INFORMATION	Social Security Number	Enter identifier: The joint owner's tax identifier. As used here, the social security number of the joint owner.
SURRENDERING COMPANY POLICY / ACCOUNT / CONTRACT INFORMATION	Insured / Annuitant First Name	Enter text: The primary insured's given name. As used here, the surrendering policy or contract insured or annuitant's first name.
SURRENDERING COMPANY POLICY / ACCOUNT / CONTRACT INFORMATION	Insured / Annuitant Middle Name	Initial here: The primary insured's other given name or initial. As used here, the surrendering policy or contract insured or annuitant's middle name or initial.
SURRENDERING COMPANY POLICY / ACCOUNT / CONTRACT INFORMATION	Insured / Annuitant Last Name	Enter text: The primary insured's surname. As used here, the surrendering policy or contract insured or annuitant's last name.
SURRENDERING COMPANY POLICY / ACCOUNT / CONTRACT INFORMATION	Social Security Number	Enter identifier: The tax identifier for the primary insured. As used here the social security number of the insured / annuitant.
SURRENDERING COMPANY POLICY / ACCOUNT / CONTRACT INFORMATION	Joint Insured / Annuitant First Name	Enter text: The joint insured's given name. As used here, the surrendering policy or contract joint insured or annuitant's first name. If the receiving company does not allow for joint annuitants the transfer may be rejected.
SURRENDERING COMPANY POLICY / ACCOUNT / CONTRACT INFORMATION	Joint Insured / Annuitant Middle Name	Initial here: The joint insured's other given name or initial. As used here, the surrendering policy or contract joint insured or annuitant's middle name or initial. If the receiving company does not allow for joint annuitants the transfer may be rejected.
SURRENDERING COMPANY POLICY / ACCOUNT / CONTRACT INFORMATION	Joint Insured / Annuitant Last Name	Enter text: The joint insured's surname. As used here, the surrendering policy or contract joint insured or annuitant's last name. If the receiving company does not allow for joint annuitants the transfer may be rejected.
SURRENDERING COMPANY POLICY / ACCOUNT / CONTRACT INFORMATION	Social Security Number	Enter identifier: The tax identifier of the joint insured. As used here, the social security number of the joint insured / annuitant.
SURRENDERING COMPANY POLICY / ACCOUNT / CONTRACT INFORMATION	Contingent Annuitant First Name	Enter text: The contingent annuitant's given name. As used here, the surrendering policy or contract contingent annuitant's first name. Please confirm the availability of these options with the receiving company. If the receiving company does not allow for contingent annuitants, the transfer may be rejected.
SURRENDERING COMPANY POLICY / ACCOUNT / CONTRACT INFORMATION	Contingent Annuitant Middle Name	Initial here: The contingent annuitant's other given name or initial. As used here, the surrendering policy or contract contingent annuitant's middle name or initial. If the receiving company does not allow for contingent annuitants, the transfer may be rejected.
SURRENDERING COMPANY POLICY / ACCOUNT / CONTRACT INFORMATION	Contingent Annuitant Last Name	Enter text: The contingent annuitant's surname. As used here, the surrendering policy or contract contingent annuitant's last name. If the receiving company does not allow for contingent annuitants, the transfer may be rejected.

SURRENDERING COMPANY POLICY / ACCOUNT / CONTRACT INFORMATION	Social Security Number	Enter identifier: The tax identifier for the contingent annuitant. As used here, the social security number of the contingent annuitant.
TRANSFER / ROLLOVER / 1035 EXCHANGE SURRENDERING INSTRUCTIONS	Full Exchange (Checkbox)	Check the box (if applicable): Indicates a full exchange. Please confirm the availability of this option with both the surrendering and receiving company.
TRANSFER / ROLLOVER / 1035 EXCHANGE SURRENDERING INSTRUCTIONS	Partial Exchange (Checkbox)	Check the box (if applicable): Indicates a partial exchange. Please confirm the availability of this option with both the surrendering and receiving company. Applicable to annuity contracts only.
TRANSFER / ROLLOVER / 1035 EXCHANGE SURRENDERING INSTRUCTIONS	1035 Exchange (\$) or	Enter amount: The amount of the partial exchange.
TRANSFER / ROLLOVER / 1035 EXCHANGE SURRENDERING INSTRUCTIONS	1035 Exchange %	Enter percentage: The percentage of the partial exchange.
NON-QUALIFIED ANNUITY, ENDOWMENT OR LIFE INSURANCE CONTRACT: AUTHORIZATION FOR 1035(a) TAX-FREE EXCHANGE	Penalty Free Amount	Check the box (if applicable): Indicates the exchange is a penalty free amount. The amount is subject to change based on the product provisions. Check with the surrendering company to verify the amount. Please confirm the availability of this option with both the surrendering and receiving company.
TRANSFER / ROLLOVER / 1035 EXCHANGE SURRENDERING INSTRUCTIONS	As soon as possible (Checkbox)	Check the box (if applicable): Indicates the funds will be liquidated as soon as possible after the receipt of all necessary forms. If no option is selected, the funds will be liquidated as soon as possible.
TRANSFER / ROLLOVER / 1035 EXCHANGE SURRENDERING INSTRUCTIONS	On a specific date (Checkbox)	Check the box (if applicable): Indicates the funds will be liquidated on a specific date. If no option is selected, the funds will be liquidated as soon as possible.
TRANSFER / ROLLOVER / 1035 EXCHANGE SURRENDERING INSTRUCTIONS	On a specific date	Enter date: The date the funds will be liquidated. The date must be prior to the maturity date of the existing contract.

Section Name	Field Name	Description
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Section Name	Field Name	Description
SIGNATURES	Date	Enter date: The date the form was signed by the owner, plan administrator, trustee or custodian.
SIGNATURES	Signature of Joint Owner / Co-Trustee	Sign here: Accommodates the signature of the joint owner or co-trustee (if applicable).
SIGNATURES	Date	Enter date: The date the form was signed by the joint owner or co-trustee.
SIGNATURES	Signature of Insured / Annuitant	Enter text: Accommodates the signature of the proposed insured or annuitant. This applies to Life and Annuity products only.
SIGNATURES	Date	Enter date: The date the form was signed by the proposed insured or annuitant.
SIGNATURES	Signature of Irrevocable Beneficiary (If applicable).	Sign here: Accommodates the signature of the irrevocable beneficiary (if applicable).
SIGNATURES	Date	Enter date: The date the form was signed by the irrevocable beneficiary.
SIGNATURES	Signature of Spouse (Required in AZ, CA, ID, LA, NV, NM, TX, WA and WI only)	Sign here: Accommodates the signature of the spouse. This is required in AZ, CA, ID, LA, NV, NM, TX, WA and WI only.
SIGNATURES	Date	Enter date: The date the form was signed by the spouse.
FOR TSA/403(b) TO TSA/403(b) TRANSFER / EXCHANGES ONLY - EMPLOYER / THIRD PARTY ADMINISTRATOR SIGNATURE	Print Name of Employer or Third Party Administrator	Enter text: The employer name (business name if self-employed). As used here, the name of the employer or third party administrator. Required for TSA/403(b) transfers only.
FOR TSA/403(b) TO TSA/403(b) TRANSFER / EXCHANGES ONLY - EMPLOYER / THIRD PARTY ADMINISTRATOR SIGNATURE	Title of Employer or Third Party Administrator	Enter text: The title of the authorized representative of the employer. As used here, the title of the employer or third party administrator. Required for TSA/403(b) transfers only.

FOR TSA/403(b) TO TSA/403(b) TRANSFER / EXCHANGES ONLY - EMPLOYER / THIRD PARTY ADMINISTRATOR SIGNATURE	Signature of Employer or Third Party Administrator	Sign here: Accommodates the signature of the authorized representative of the employer. As used here, the signature of the employer or third party administrator. Required for TSA/403(b) transfers only.
FOR TSA/403(b) TO TSA/403(b) TRANSFER / EXCHANGES ONLY - EMPLOYER / THIRD PARTY ADMINISTRATOR SIGNATURE	Date (mm/dd/yyyy)	Enter date: The date the form was signed by the employer. As used here, the date the employer or third party administrator signed the form. Required for TSA/403(b) transfers only.
SIGNATURES	Signature of Owner / Plan Administrator / Trustee / Custodian	Sign here: Accommodates the signature of the primary owner, plan administrator, trustee or custodian.
TAXPAYER IDENTIFICATION NUMBER CERTIFICATION	Subject to Backup Withholding (Checkbox)	Check the box (if applicable): Check this box if you have been notified by the IRS that you are currently subject to backup withholding because you failed to report all interest and dividends on your tax return.
SIGNATURES	Signature Guarantee (if applicable)	Sign here: Accommodates signature guarantee stamp. Please contact surrendering company to determine if Medallion Signature Guarantee is needed.

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Section Name	Field Name	Description
ACCEPTANCE OF 1035 EXCHANGE / TRUSTEE TRANSFER / DIRECT ROLLOVER	Other Description Field	Enter text: The description of the type of account. As used here, indicates the type of account in which the receiving company will place the assets upon receipt.
ACCEPTANCE OF 1035 EXCHANGE / TRUSTEE TRANSFER / DIRECT ROLLOVER	Print Name of Authorized Officer	Enter text: The full name of the authorized officer of the insurer. As used here, this is the authorized officer of the receiving company.
ACCEPTANCE OF 1035 EXCHANGE / TRUSTEE TRANSFER / DIRECT ROLLOVER	Title of Authorized Officer	Enter text: The title of the authorized officer. As used here, this is the authorized officer of the receiving company.

ACCEPTANCE OF 1035 EXCHANGE / TRUSTEE TRANSFER / DIRECT ROLLOVER	Signature of Authorized Officer (if applicable - may not be required if LOA is used)	Sign here: Accommodates the signature of the authorized officer. As used here, this is the authorized officer of the receiving company. Note that a wet signature may be required by the receiving company; however it may not be required if Line of Authority is used, as well as checkboxes noted above.
ACCEPTANCE OF 1035 EXCHANGE / TRUSTEE TRANSFER / DIRECT ROLLOVER	Date (mm/dd/yyyy)	Enter date: The date the form was signed by the authorized officer. As used here, this is the authorized officer of the receiving company.