Lafayette Life Insurance Company

A member of Western & Southern Financial Group

# ABSOLUTE ASSIGNMENT TO EFFECT SECTION 1035(a) EXCHANGE OF LIFE INSURANCE POLICY OR ANNUITY CONTRACT

Insured: _____

Owner: _____

Policy Number: _____

Replaced Company & Address: _____

I hereby assign and transfer without limitation to The Lafayette Life Insurance Company, Lafayette, Indiana (the "Company"), all assignable benefits, interest, property and rights in the policy or contract described above (the "Policy"), including any and all supplemental riders or benefits which are a part thereof, in exchange for a new life insurance policy or annuity contract (the "Replacement Contract") as described in my application to the Company for the Replacement Contract. By executing this Assignment, I hereby designate the Company as beneficiary for all proceeds payable under the Policy.

I understand that by executing this Assignment, I irrevocably waive all rights, claims and demands under the Policy. I expressly represent that the sole purpose of this Assignment is to effect an exchange of insurance policies or annuity contracts under Section 1035(a) of the Internal Revenue Code.

I represent and warrant that no person has an ownership, security, or irrevocable beneficial 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 which might affect my ownership rights under the Policy or my right to change the beneficiary.

I represent and agree that the Company 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 the Company has made no representations concerning my tax treatment under Internal Revenue code Section 1035 or otherwise. The Company further assumes no responsibility or liability for the effect of a rehabilitation, liquidation or other insolvency proceeding or action on this Assignment of the Policy and it is not obligated, under this document, to issue the Replacement Contract (or provide coverage thereunder) until the cash surrender value of the Policy is received.

Except as provided in a conditional receipt, if any, delivered by the Company to the Owner, no insurance takes effect in the Company because of this assignment; and the policy issued by Lafayette Life will be deemed to be issued in exchange for the Contract listed above as the proceeds of such Contract is received by the Company and applied to its policy.

If the Company does not issue a policy to the Owner, the Company will reassign and transfer said Contract to the Owner this Agreement will be null and void.

I understand that if the Company underwrites and accepts the application for the Replacement Contract on the life of the same insured named in the Policy, the Company will surrender the Policy for its cash surrender value and the Policy will no longer be in force or effect as of the surrender date. Upon receipt of the cash surrender value by the Company, the proceeds will be applied to and considered all or part of the purchase payment for the Replacement Contract.

Ref.: Lafayette Life Application No. _____

_____ _____

Date Signature of Policyowner

_____ _____

Signature of Agent Social Security Number of Policyowner

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Witness to Policyowner's Signature

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**Acceptance:** The Lafayette Life Insurance Company will accept a direct transfer of funds under Internal Revenue Code Section 1035 Tax-Free Exchange

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Date By: Company Officer

LL-1542 (7/11)

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