

Professional Life & Casualty Company  
20 N Wacker Dr., Ste 3110, Chicago IL 60606-3103  
312: 220-0655

## **Absolute Assignment**

*To Effect Direct Transfer Non-Qualified Funds – 1035 Exchange*

**Surrendering Company** :  
**Address** :

**Annuitant** :  
**Annuitant's SSN** :  
**Contract/Account Number** :

**Amount of Direct Transfer** :

**Send proceeds to:** **Professional Life & Casualty Company**  
**F/B/O**  
**20 N Wacker Drive, Suite 3110**  
**Chicago, Illinois 60606-3103**

*The undersigned hereby assigns and transfers, without exceptions, limitations, or reservation, to Professional Life & Casualty Company (the "Company"), all assignable benefits, interest, property and rights in the contract or account described in the application for Direct Transfer to the Company.*

*The undersigned represents and warrants that no other person, firm or corporation has an interest in said contract or account except the undersigned, and that no proceedings in insolvency or bankruptcy have been instituted or are pending against the undersigned.*

*The undersigned expressly represents that the sole purpose of this assignment is to effect a Direct Transfer. No withholding should be made on this Direct Transfer. The undersigned acknowledges that the Company is furnishing this form and participating in this transaction as an accommodation to her/him, and the indicated Company assumes no responsibility or liability for his tax treatment.*

\_\_\_\_\_  
**Signature of Owner :**

\_\_\_\_\_  
**date**

\_\_\_\_\_  
**Signature of Joint Owner (if applicable)**

\_\_\_\_\_  
**date**

\_\_\_\_\_  
**Signature of Witness**

\_\_\_\_\_  
**date**