Absolute Assignment

to

Americo Financial Life and Annuity Insurance Company

Home Office: Dallas, TX Administrative Office: P.O. Box 410288, Kansas City, MO 64141-0288

to

Effect 1035 Exchange (Annuity Contracts)

Proposed Insured			
Current Insurer			
Current Insurer Address	City	State	Zip
Current Policy Number			
Owner of Current Policy			
1. For value received, I hereby absolutely assign and trai "Company") all benefits, title, interest, rights and prope purpose of this Absolute Assignment is to effect an excagrees to issue a new annuity contract (the "Proposed "Application") to the Company. This Absolute Assignm liable for annuity coverage (under contractual language Application, or, (B) the issuance of the Proposed Conti without further inquiry, the Company's certification that	erty in the current contract shown above change under Section 1035 of the Inter I Contract") as described in my applicat nent shall be effective upon the earlier of e or by operation of law) under a Cond ract by the Company. The Current Anr	e (the "Current Col rnal Revenue Code tion dated of: (A) the Compar litional Receipt atta	ntract"). The e if the Company the ny's becoming suched to the
2. In making this Absolute Assignment, I understand that the Company will surrender the Current Contract for its cash value, and any remittance of such cash value actually received by the Company as a result of such surrenders shall be added to, and be a part of, the contract consideration received by the Company for application to the Proposed Contract.			
3. Although this Absolute Assignment was executed to elinternal Revenue Code, I acknowledge that the Companspecific request and as an accommodation to me. It nor any other person acting on behalf of the Companstransaction. I have been advised by the Company are Company that I should consult my own tax advisor re on the Company nor any agent of the Company for tax	pany is furnishing this form and is part understand that neither the Company of y warrants nor represents the Income and/or its officers, employees, agents of garding the tax consequences of this	ticipating in this tra nor any officer, em Tax consequence r persons acting o	insaction at my inployee, agent, is of this in behalf of the
4. I certify that no proceeding in bankruptcy nor insolvencies, either voluntary or involuntary, are pending against me.			
 I understand that the Company is under no obligation under the Company's normal underwriting rules for the Proposed Contract for any reason, the Company will acknowledges that this Absolute Assignment is void. 	e plan specified in the Application. If	the Company doe	s not issue the
Signed this day of			
Witness	Owner of Current Contract		
Vitness Co-Owner, if any, of Current Contract			
Witness Irrevocable Beneficiary, if any			