



**Absolute Assignment  
To Effect Section 1035(A) Exchange of Annuity Contract**

**Solutions today for a secure financial tomorrow.**

Please return this form to: GEBA, P.O. Box 206, Annapolis Junction, MD 20701-0206.  
Call us with questions at (301) 688-7912 or (800) 826-1126.

Contract No. \_\_\_\_\_ Insurer: \_\_\_\_\_

Issuer Address: \_\_\_\_\_

Owner: \_\_\_\_\_ Annuitant: \_\_\_\_\_

I hereby assign and transfer to the Stable Value Account (the "COMPANY") all assignable benefits, rights, title and interest in the annuity contract described above the CONTRACT, in an exchange intended to qualify under Section 1035(a) of the Internal Revenue Code. I certify that there are no outstanding loan obligations on the CONTRACT.

I UNDERSTAND THAT AS OF THE DATE OF SURRENDER OF THE CONTRACT FROM THE PRESENT INSURER, THE CONTRACT WILL NO LONGER PROVIDE ANY COVERAGE.

I understand that upon receipt of the surrender and other values of the CONTRACT by the COMPANY these values will be applied to purchase a separate interest in the Group Annuity Contract which the COMPANY has issued to the custodian of the Government Employees' Mutual Benefit Association, Inc. ("GEMBA") Group Annuity Plan ("PLAN"). No Annuity coverage is in effect until the required payment is made.

I expressly represent and warrant that no other person, firm or corporation has any interest in the above-identified CONTRACT except the Owner and that no proceedings in insolvency or bankruptcy have been instituted or are pending against the Owner.

I represent and agree that GEMBA and the COMPANY are furnishing this form and are participating in this transaction at my specific request as an accommodation to me. I further represent and acknowledge that the COMPANY, GEMBA, and their respective Representatives have made no representations concerning tax treatment of this transaction under Section 1035(a) of the Internal Revenue Code or otherwise, and have declined any responsibility or liability for such tax treatment.

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

Witness: \_\_\_\_\_

Signature of Owner (Assignor): \_\_\_\_\_

Received and filed at the Office of Plan administrator, GEMBA at Fort Meade, Maryland by \_\_\_\_\_.

## NOTICE REGARDING REPLACEMENT REPLACING YOUR LIFE INSURANCE POLICY OR ANNUITY?

Are you thinking about buying a new life insurance policy or annuity and discontinuing or changing an existing one? If you are, your decision could be a good one – or a mistake. You will not know for sure unless you make a careful comparison of your existing benefits and the proposed benefits.

Make sure you understand the facts. You should ask the company or agent that sold you your existing policy to give you information about it. You are urged not to take action to terminate, assign or alter your existing policy until your policy has been issued and you have examined it and found it acceptable.

Hear both sides before you decide. This way you can be sure you are making a decision that is in your best interest.

We are required by law to notify your existing company that you may be replacing their policy.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

A copy of this form should be retained by the applicant and the agent.