

IRC Section 1035(a) Non-Qualified Tax-Free Exchange Form

For Standard Mail Delivery:
Hartford Life-IPS
Attention: Account Management
PO Box 5085
Hartford, CT 06102-5085

For Private Express Mail Carriers:
Hartford Life-IPS
Attention: Account Management
200 Hopmeadow Street
Simsbury, CT 06089



Investment Professionals may call 1-800-862-7155 Clients may call 1-800-862-6668
Forms are available online at: www.hartfordinvestor.com

Please Note: Hartford Life will not accept this 1035 Exchange if any owner or annuitant will exceed the maximum issue age, as defined by the prospectus for the product requested, within 90 days of the date Hartford Life receives this request.

Investment Professionals: Please verify that the following section has been completed in full.

Note that the owner(s) and annuitant(s) cannot be changed from the old to the new contract(s). Attach this Form to the appropriate Request for Annuity Form or Application and **mail to the address above**. Hartford Life will **not** accept business from another carrier that is characterized as a non-taxable partial exchange by that carrier.

Name of Company that Issued Contract:	Contract Number(s):	Company Phone Number:
Street Address of Surrendering Company:	City:	State: Zip Code:
Contract Owner Name:	Contract Owner SSN/TIN:	
Joint Contract Owner Name (if applicable):	Joint Contract Owner SSN/TIN:	
Annuitant Name:	Contingent Annuitant Name (if applicable):	

I, the undersigned Owner of the above named contract, hereby assign, transfer and set over absolutely all right, title, and interest in the above named contract(s) to Hartford Life at the address shown above. I intend this assignment to be part of a tax-free exchange of existing contracts under Internal Revenue Code Section 1035(a). I am aware of, and specifically authorize and approve of Hartford Life's intent to surrender the contract for its full cash value:

Check One: **Immediately** **Upon maturity date of** _____ (not to exceed 90 days)

I represent and agree that Hartford Life 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 Hartford Life: (i) makes no representation and takes no responsibility concerning my tax treatment under IRC Code 1035(a) or otherwise and (ii) has absolutely no responsibility other than to request the surrender of the contract assigned and upon receipt of the proceeds of such surrender, to issue the Hartford Life annuity contract and apply such proceeds to my/our Hartford Life annuity contract.

I also agree that if Hartford Life, in its sole discretion, determines that it is unlikely to receive timely payment of the full contract cash surrender values, Hartford Life may reassign ownership of the contract back to me. I hereby agree that any such reassignment shall be considered accepted by me upon our receipt of the reassignment form duly executed by Hartford Life.

Check One:	<input type="checkbox"/> I certify that the above referenced Contract has been lost or destroyed and I have no knowledge of its whereabouts.
	<input type="checkbox"/> Contract is attached.

X _____ **Contract Owner Signature** _____ **Date** _____ **X** _____ **Joint Contract Owner Signature (if any)** _____ **Date** _____

X _____ **Irrevocable Beneficiary Signature (if any)** _____ **Date** _____

For Hartford Life Use Only - Acceptance of Transfer		
Pending Annuity Contract Number:	The foregoing Assignment is accepted on behalf of Hartford Life , as Assignee, by:	
	_____ Hartford Life Authorized Signature	_____ Title _____ Date

Releasing Financial Institution:

- Do not withhold taxes.
- Include report of pre and post TEFRA contract cost basis.
- Include on check: Contract/Certificate Owner Name, Hartford Life's Pending Contract/Certificate Number.
- Make check payable to: **Hartford Life Insurance Company.**
- Mail to the address above.