REQUEST FOR WAIVER OF CONSERVATION

TO:	Carrier	
FROM:	Policyowner	
RE:	LIFE INSURANCE POLICY #	
As owner of the above referenced life insurance policy, please accept this signed authorization to waive any and all conservation period(s) of this policy, and process the pending 1035 exchange immediately.		
Thank you.		
Signature of	Overnor	DATE
Signature of Owner		DAIE