

Non-Resident Sales Verification Form

- This form is for information purposes only. It is not an application and does not become a part of the contract.
- This form is required whenever an applicant applies for an annuity in a state other than his or her resident state.

The Company and/or the state do not permit residents of their states from purchasing policies/contracts in other states. As such, the Company will not permit sales of its annuity products to the residents of the following states outside of their state of residence: Arkansas, Massachusetts, Minnesota, New York, and Utah

For questions or help with this form, call us at 877-253-2323.

Name		Application Date (mm/dd/yyyy)	
Product Name			
Applicant's State of Residence	State Where Purchase Will Be Made	Daytime Phone	
Applicant's valid vaccon(s) for much sains a			
Applicant's valid reason(s) for purchasing a	n insurance or annuity product outside their	r resident state (check all that apply)	
Applicant/owner has a resident addres	s in the state where the product is being soli	cited and the application was	
taken and signed			
The condition of the co		and to all a constitue of the	
i ne applicant/owner is employed, nas a	a business address, or regular business dealii	ngs in the applicant state	
The applicant is a trust and the trustee's primary residence is in the application state			
	,	-	
The applicant has an attorney-in-fact acting on their behalf and the attorney-in-fact's primary residence is in the			
application state			



¹ Delaware Life Insurance Company (Waltham, MA) is authorized to transact business in all states (except New York), the District of Columbia, Puerto Rico and the U.S. Virgin Islands and is a member of Group One Thousand One, LLC ("Group1001").

© 2019 Delaware Life Insurance Company. All rights reserved.

Si

Signatures

By signing below we attest and certify that the above information is true and accurate, that the soliciation and signing of the application occured solely within the state identified on the application and that this contract will be delivered in the state where the solicitation and signing of the application occured.

Delaware Life reserves the right to decline to issue the contract/policy for which the applicant is applying.

Applicant's Signature	Date (mm/dd/yyyy)		
X			
Please Print Name Below			
Co-Applicant's Signature (if applicable)	Date (mm/dd/yyyy)		
X			
Please Print Name Below			
Agent's Signature	Date (mm/dd/yyyy)		
X			
Please Print Name Below			

Contact Us

By mail

Delaware Life P.O. Box 758581 Topeka, KS 66675-8581 By express mail
Delaware Life
Mail Zone 581
5801 SW 6th Avenue
Topeka, KS 66636

By fax 785-286-6118

Online

delawarelife.com

By phone

Customer Service 877-253-2323 M-F 7:30 a.m.-5:00 p.m., CT