

FLORIDA

Instructions to Agents

This PDF contains all of the required forms needed for proper new business submission and all the notices you are required to provide to the applicant at the time of application.

You may print the entire PDF or omit pages that do not apply to the sale. For example, it would not be necessary to print the Replacement form if our guidelines do not require it (e.g., the Applicant does not have an existing life insurance policy or annuity contract). Refer to the Administrative Guidelines (LFPA E90-AG) if you have questions. Refer to the PDF Page Numbers column (below) when printing a range of pages. Click on the bookmark in the left panel to navigate to a specific form.

At the time of application, you must:

- Include the first five letters of your last name and Agent number where indicated on the application
- Obtain the applicant's signatures
- Provide the applicant with a copy of **all** forms and required notices that apply to their sale –
Keep a copy of the signed forms for your records

Print for:	Form Description	Form Number	PDF Page Numbers	Initial Here When Completed
All Applicants	Application	LANN-AP(09)R	2 – 4	
	Certificate of Receipt	LFPDA02-CR R1109	5	
Applicants Age 65 and over	Required Form	R-3700	6 – 9	
Beneficiary Designation	Beneficiary Designation	LSA BD	10	
All applicants replacing existing life insurance with an annuity	Replacement Form	R-1460-6	11	
	Comparative Info Form	LCIF	12 – 15	
Applicants age 65 and over and replacing an annuity contract	Disclosure & Comparison of Annuity Contracts	R-3701	16 – 19	
1035 Exchange / Qualified Transfer	Transfer / Section 1035 Form	F5535	20 – 21	
Contributory IRA, IRA Transfer or Rollover	Qualified Funds Worksheet	LSA QFW	22	
	IRA Consumer Guide	LSA DF PC E90	23 – 30	

Mail signed and completed forms to:	Overnight signed and completed forms to:
Liberty National Life Insurance Company ATTN: New Business P.O. Box 8080 McKinney, TX 75070-8080	Liberty National Life Insurance Company ATTN: New Business 3700 S. Stonebridge Drive McKinney, TX 75070

Home Office Use Only

☐ Female

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☐ Female

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☐ Female

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PREMIUM

Premium Mode ☐ Single Premium ☐ Quarterly
☐ Annual ☐ Monthly
☐ Semi-Annual

Payment Method ☐ Bank Draft ☐ Direct

Draft Day (01 to 28)

Expected Maturity Date

- -

(The policy anniversary following Annuitant's age 100 (age 81 for single premium deferred annuity) unless otherwise indicated.)

Amount of Modal Premium

\$, .

Amount Paid with Application

\$, .

TYPE OF ANNUITY

Non-Qualified

☐ Non-Qualified

Qualified

(not applicable to single premium deferred annuity)

☐ IRA
☐ IRA Rollover
☐ IRA Transfer

Amount

\$, .

Contribution Year

Amount

\$, .

Contribution Year

INTEREST 1st year interest rate on initial premium . %

E-mail Address

☐ Annuitant ☐ Owner ☐ Joint Owner

REPLACEMENT

Do you have any existing life insurance policies or annuity contracts? ☐ Yes ☐ No

Will the annuity applied for replace any existing life insurance or annuity? ☐ Yes ☐ No

If "Yes", explain:



The Applicant agrees: (1) All statements and answers contained herein are full, complete and true to the best of my knowledge and belief. (2) This annuity contract is effective on the policy date unless: (a) the Annuitant is not living on the policy date; (b) the check for the initial premium is not honored; or (c) the Owner exercised the contractual right to request a premium refund. (3) If the annuity contract is not effective on the policy date, the Company's sole obligation will be to refund all premiums received. (4) No agent can make or change any provisions in the policy, waive any of the Company's rights or bind the Company. (5) Any policy issued on the basis of this application will be considered delivered in and subject to, the laws of the jurisdiction in which the application was signed. Under penalties of perjury, I certify (1) that the number shown on this form is my correct Social Security /Taxpayer ID# and (2) THAT ☐ I AM ☐ I AM NOT SUBJECT TO A BACKUP WITHHOLDING ORDER UNDER SECTION 3406(a)(1)(C) OF THE INTERNAL REVENUE CODE. I understand that the annuity policy will not be federally insured.

MAKE CHECK PAYABLE TO: LIBERTY NATIONAL LIFE INSURANCE COMPANY.

The contract applied for shall take effect on the later of the date the application is approved by the Company at its Home Office, or the date the first stipulated payment is received, in full, at the Home Office of the Company.

"Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree."

City State Date Application Signed - - (mm/dd/yyyy)

Signed _____
Signature of Owner (if other than Annuitant)

Signed _____
Signature of Annuitant

Agent: To the best of your knowledge, will this policy replace or change any existing life insurance or annuity? ☐ Yes ☐ No
To the best of your knowledge, does the Annuitant have any existing life insurance or annuity contracts? ☐ Yes ☐ No
If "Yes" to either question, comply with applicable replacement regulation or rule and furnish Company name.

Agent's Signature _____
Agent's Complete First and Last Name PRINTED _____
Print Agent Last Name Agent No.
Agent's Florida ID No.

LANN-AP(09)R

Mail Policy to: ☐ Policy Owner ☐ Agent



**"Automatic" Payment Plan / Bank Draft
Does Not Apply to Single Premium**

Please **TAPE** personalized **VOIDED CHECK** here.
DO NOT STAPLE

"AUTOMATIC" PAYMENT PLAN / BANK DRAFT AUTHORIZATION: I authorize you to pay and charge to my account, checks or electronic debits drawn on my account by and payable to the order of Liberty National Life Insurance Company. This authorization is to remain in effect until revoked by me. All premiums and non-insurance charges may be automatically withdrawn from my account on **MONTHLY** mode, unless a different mode has been selected on the application.

Initials of Annuitant

Account Holder's Signature (as it appears on financial institution records)



LFPDA02
CERTIFICATE OF RECEIPT
FLEXIBLE PREMIUM ANNUITY

Please review the following highlights of your Annuity application and check the features and benefits for your understanding and satisfaction. Remember: This certificate is not the annuity contract but only a summary of the features. Only the annuity contract contains governing contractual provisions. Please read your contract carefully.

1. The interest rate for my initial deposit for the first six years is: _____%
2. **The surrender period for the contract is six (6) years. The surrender charges are: 7%, 7%, 7%, 6%, 5%, 4%.** However, interest may be withdrawn in full during the first contract year without surrender charge. After the first contract year, surrender charges will apply to withdrawals in excess of 10% of accumulated value at the beginning of the contract year.
The interest earnings left in the contract are tax-deferred; withdrawals of earnings prior to age 59 1/2 may be subject to penalty tax.
3. I understand that I may make additions to my annuity and that the minimum addition to my annuity is \$50. Additions will earn the interest rate in effect at the time the addition is received. That rate will be guaranteed until the policy anniversary following the period ending six years from the date of the addition.
4. If applicable, I am executing a 1035(a) tax-free exchange or tax-free transfer from an existing annuity or other contract to an annuity issued by Liberty National Life Insurance Company, and I understand that the interest rate will be the rate in effect today for 60 days; otherwise it will be the rate in effect when the funds are received by Liberty National Life Insurance Company.
5. **The guaranteed minimum interest rate on my annuity is 3%.**
6. **I may make a partial or complete withdrawal under the Nursing Home Waiver (where state approved) without incurring withdrawal charges if the Annuitant or Annuitant's spouse:**
 - a. Is confined in a hospital or nursing home for a total of at least 30 days within a 35-day period, or has been discharged from such confinement within the previous 60 days; or
 - b. Is enrolled in a hospice care program or has been discharged from such within the previous 60 days.
7. **My principal (less withdrawals) is 100% guaranteed by Liberty National Life Insurance Company, a legal reserve life insurance company.**
 - **It is not insured by the FDIC or any other federal agency,**
 - **nor is it a deposit, obligation or guarantee of any financial institution.**
 - **I understand annuities may be subject to investment risk and possible loss of principal.**
 - **A death benefit is available that is equal to the cash value of the policy.**
8. I have included a check made payable to Liberty National Life Insurance Company for the purchase amount of \$_____.

ANNUITANT/OWNER SIGNATURE

ANNUITANT/OWNER PRINTED NAME

DATE

JOINT OWNER SIGNATURE

JOINT OWNER PRINTED NAME

DATE

AGENT SIGNATURE

AGENT PRINTED NAME

DATE

Need more information? Call Liberty National Life Insurance Company at 800-585-9739.


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Division of Agent & Agency Services - Bureau of Investigation

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 Life Insurance Company
 Since 1900

ANNUITY SUITABILITY QUESTIONNAIRE

PROPOSED ANNUITANT'S PERSONAL INFORMATION

Name: Last _____ First _____ Middle _____

Date of Birth ____/____/____ Age _____ Sex _____ Tax Status _____

Number and Age of Dependents: _____

JOINT ANNUITANT INFORMATION

Name: Last _____ First _____ Middle _____

Date of Birth ____/____/____ Age _____ Sex _____ Tax Status _____

Number and Age of Dependents: _____

APPLICANT/OWNER OTHER THAN ANNUITANT/JOINT ANNUITANT

Owner: Last _____ First _____ Middle _____

Date of Birth ____/____/____ Age _____ Sex _____

Entity: _____

Tax Status _____ Relationship to Annuitant(s): _____

From of Ownership: _____

Supporting Documents (list): _____

	APPLICANT	JOINT ANNUITANT
Annual Income:		
Source of Income:		
Annual Household Income:		
Net Worth:		
Liquid Assets:		

Do you currently own any annuities?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please list:		
Do you currently own any life insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please list:		

_____/_____
Applicant's Signature **Date**

_____/_____
Joint Applicant's Signature **Date**


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	APPLICANT	JOINT ANNUITANT
Does your income cover all your living expenses including medical?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Explain:		
Do you expect changes to your living expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Explain:		
Do you anticipate changes in your out-of-pocket medical expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Explain:		
Is your income sufficient to cover future changes in your living and/or out-of-pocket medical expenses during the surrender charge period?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please explain:		
Do you have an emergency fund for unexpected expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please explain:		

Why are you purchasing this annuity? _____

What are your investment objectives? (Check all that apply)

- ☐ Income ☐ Growth (long term) ☐ Safety of Principal and Income
☐ Safety of Principal and Growth ☐ Pass assets to a beneficiary or beneficiaries at death
☐ Other: _____

Describe your risk tolerance: (Check all that apply)

- ☐ Conservative ☐ Moderately Conservative ☐ Moderate ☐ Moderately Aggressive
☐ Aggressive ☐ Other: _____
☐ Comments: _____

Describe your investment experience by type and length of time: _____

What is the source of the funds for the purchase of the proposed annuity? _____

How long do you plan to keep the proposed annuity? _____

 Will the proposed annuity replace any product? ☐ Yes ☐ No

 If yes, will you pay a penalty or other charge to obtain these funds? ☐ Yes ☐ No

If yes, the amount of the charge or penalty \$_____.

_____ / _____ Applicant's Signature Date	_____ / _____ Joint Applicant's Signature Date
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Note: This section to be completed by the agent, insurer, or Managing General Agent proposing purchase

Advantages of purchasing the proposed annuity: _____

Disadvantages of purchasing the proposed annuity: _____

The basis for my recommendation to purchase the proposed annuity or to replace or exchange your existing annuity (ies): _____

Agent's Signature

Date Signed

Note: No questions or response areas are to be left blank when offered to the Annuitant and/or Applicant for signature. If any information requested is unavailable, not applicable or unknown, the insurance agent or insurer must indicate that.

ACKNOWLEDGEMENTS AND SIGNATURES

I understand that should I decline to provide the requested information or should I provide inaccurate information, I am limiting the protection afforded me by the Florida Statutes regarding the suitability of this purchase.

☐ I have chosen **NOT** to provide this information at this time.

☐ I have chosen to provide **LIMITED** information at this time.

APPLICANT:

DO NOT SIGN THIS FORM IF ANY ITEM HAS BEEN LEFT BLANK, BEFORE CAREFULLY REVIEWING THE INFORMATION RECORDED, OR IF ANY OF THE INFORMATION RECORDED IS NOT TRUE AND CORRECT TO THE BEST OF YOUR KNOWLEDGE.

THE APPLICANT, JOINT APPLICANT AND/OR OWNER MAY SUBSTITUTE THEIR INITIALS FOR SIGNATURES ON ALL FORM PAGES WITH THE EXCEPTION OF THE SIGNATURES BELOW, WHICH ARE REQUIRED.

Applicant or Owner Signature

Date Signed

Joint Applicant or Owner Signature

Date Signed



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EXPLANATION OF TERMS

"Age" is the natural person's attained age on the day the form is completed.

"Annual household income" is the combined annual income received by all household members each calendar year.

"Annual income" is income received during a calendar year, whether earned or unearned.

"Form of Ownership" is the type of entity, other than a natural person, including a corporation, trust, partnership, limited liability company, or other business or not-for-profit entity.

"Intended use of the annuity" means the purpose for which the senior consumer is considering the recommended purchase or exchange. This may include the following: (1) Immediate income (within 60 days or less), (2) Tax Shelter (protection from taxation of all types while in force), (3) Interest earnings, (4) Income stream at a stated age, (5) Creditor Protection (a desire to protect assets from attachment by any legal process), (6) Other, as stated by the Senior Consumer.

"Investment Objectives" are the senior consumer's stated goals as described to the insurance agent or insurer, if no insurance agent is involved. These may include but are not limited to the following: (1) Income, (2) Growth (long term capital appreciation), (3) Safety of Principal and Income, (4) Safety of Principal and Growth, (5) To pass the investment to a beneficiary or beneficiaries at death.

"Liquid Assets" are financial holdings that can readily be converted into their cash equivalent, without loss of principal.

"Risk Tolerance" means the degree of uncertainty that an investor can reasonably tolerate with regard to a negative change in his or her investments. Examples of risk tolerance levels may include the following: (1) Conservative (prefer little or no risk), (2) Moderately conservative (some risk, reduced safety of principal), (3) Moderate (average risk with potential losses and potentially higher returns), (4) Moderately aggressive (above average risk with potential losses, risk of principal and potentially higher returns), (5) Aggressive (willing to sustain losses or loss of principal in pursuit of higher returns).

"Source of annual income" is the income-generating source, such as pension income, dividends, or earned income etc.

"Source of the funds" to be used to purchase the proposed annuity means from where the funds will come to purchase the annuity, and may include but are not limited to; (1) An existing annuity or life insurance contract, (2) Liquid Assets, including but not limited to, cash in banks, maturing certificates of deposit, and money market accounts, (3) Personal Loans, (4) Equity Loans, (5) Mortgages, Reverse Mortgages, (6) Death Benefit Proceeds, (7) Funds received upon retirement from employment, including but not limited to, 401(k) accounts, pensions, and other tax-sheltered funds, (8) Equities, mutual funds, or bonds, (9) Proceeds from real estate transactions.

"Supporting documents" are the documents that provide a basis for the relationship between the Proposed Annuitant, Joint Annuitant if applicable, and the Applicant/Owner as it may exist.

"Tax Status" is the senior consumer's Federal Income Tax filing status such as "single" or "married filing jointly"; if "Exempt", so state.

"Total Net Worth" is the senior consumer's total assets minus total liabilities or encumbrances applicable to those assets.

_____/_____ Applicant's Signature	_____/_____ Date	_____/_____ Joint Applicant's Signature	_____/_____ Date
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Liberty National

Life Insurance Company

3700 SOUTH STONEBRIDGE DRIVE • POST OFFICE BOX 8080 • MCKINNEY, TEXAS 75070-8080

BENEFICIARY DESIGNATIONS

POLICY NUMBER _____

PRIMARY

NAME	BIRTH DATE	RELATIONSHIP
NAME	BIRTH DATE	RELATIONSHIP
NAME	BIRTH DATE	RELATIONSHIP
NAME	BIRTH DATE	RELATIONSHIP

CONTINGENT

NAME	BIRTH DATE	RELATIONSHIP
NAME	BIRTH DATE	RELATIONSHIP
NAME	BIRTH DATE	RELATIONSHIP
NAME	BIRTH DATE	RELATIONSHIP

Dated at _____ this _____ day of _____
CITY

Witness _____ Owner _____

Witness _____ Joint Owner _____



NOTICE TO APPLICANT REGARDING REPLACEMENT OF LIFE INSURANCE

A decision to buy a new policy and discontinue or change an existing policy may be a wise choice or a mistake.

Get all the facts. Make sure you fully understand both the proposed policy and your existing policy or policies. New policies may contain clauses which limit or exclude coverage of certain events in the initial period of the contract, such as suicide and incontestable clauses which may have already been satisfied in your existing policy or policies.

Your best source for facts on the proposed policy is the proposed company and its agent. The best source on your existing policy is the existing company and its agent.

Hear from both before you make your decision. This way you can be sure your decision is in your best interest.

If you indicate that you intend to replace or change an existing policy, Florida regulations require notification of the company that issued the policy.

Florida regulations give you the right to receive a written Comparative Information Form which summarizes your policy values. Indicate whether or not you wish a Comparative Information Form from the proposed company and your existing insurer or insurers by placing your initials in the appropriate box below.

☐

Yes

☐

No

DO NOT TAKE ACTION TO TERMINATE YOUR EXISTING POLICY UNTIL YOUR NEW POLICY HAS BEEN ISSUED AND YOU HAVE EXAMINED IT AND FOUND IT ACCEPTABLE.

I have read this notice and received a copy of it.

Applicant Signature

Date

Agent Signature

Date

Agent Name (printed or typed)

Agent Address (printed or typed)

Agent Company (printed or typed)

Information on Policies which may be replaced:

POLICY NUMBER	COMPANY NAME	NAME OF INSURED



3700 S. STONEBRIDGE DRIVE • POST OFFICE BOX 8080 • MCKINNEY, TEXAS 75070-8080

A Legal Reserve Stock Company
Administrative Office: McKinney, Texas

COMPARATIVE INFORMATION FORM

Name of Proposed Insured: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

GENERAL INFORMATION		EXISTING LIFE INSURANCE	PROPOSED LIFE INSURANCE
Name of Company			
Policy Number			
Basic Policy - Generic Name			
Name of Basic Policy			
Rider 1 - Generic Name			
Rider 2 - Generic Name			
Rider 3 - Generic Name			
Issue Age			
Date of Issue			
Contestable Period			
Suicide Clause Expires			

COMPARATIVE INFORMATION FORM

	PREMIUM MODE AND AMOUNT	AGE PAYABLE TO	DEATH BENEFIT	AGE BENEFIT CEASES	PREMIUM MODE AND AMOUNT	AGE PAYABLE TO	DEATH BENEFIT	AGE BENEFIT CEASES
Basic Policy	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____	_____
Rider 1	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____	_____
Rider 2	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____	_____
Rider 3	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____	_____
Accidental Death Benefit	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____	_____
Option to Purchase Additional Insurance	\$ _____	_____	\$ _____	(Option Ages: _____)	\$ _____	_____	\$ _____	(Option Ages: _____)
Waiver of Premium	\$ _____	_____	_____	_____	\$ _____	_____	_____	_____
Disability Income	\$ _____	_____	_____	_____	\$ _____	_____	_____	_____
Total Current Premium	\$ _____	_____	(Monthly Income: \$ _____)	(Monthly Income: \$ _____)			(Monthly Income: \$ _____)	

COMPARATIVE INFORMATION FORM

	GUARANTEED CASH VALUE	DIVIDENDS	GUARANTEED CASH VALUE	DIVIDENDS
Currently (last policy anniversary)	\$ _____	\$ _____	\$ _____	\$ _____
1 year hence	\$ _____	\$ _____	\$ _____	\$ _____
5 years hence	\$ _____	\$ _____	\$ _____	\$ _____
10 years hence	\$ _____	\$ _____	\$ _____	\$ _____
At age 65	\$ _____	\$ _____	\$ _____	\$ _____

* Current Death Benefit of Dividend Additions \$ _____

* Current Cash Value of Dividend Additions \$ _____

* Current Accumulated Dividends \$ _____

* Current Policy Loan \$ _____

Existing Maximum Policy Loan Interest Rate _____ %

Proposed Maximum Policy Loan Interest Rate _____ %

* Existing Dividends are based on the current (20____) scale.

* Proposed Dividends are based on the current (20____) scale.

* Dividends, policy loan and certain guaranteed cash value information concerning your existing insurance may not be known to our agent. Dividends are not guaranteed. However, they may materially reduce the cost of insurance and are an important factor to consider. Thus, if dividends or other figures have been omitted from this Comparative Information Form, you should not reach a final decision to replace your existing insurance until you have them. You may obtain the omitted figures from the company that issued your existing policy.

AGENT'S STATEMENT

1. The primary reasons for my recommending the proposed replacement of existing insurance by new insurance are: *
- _____
- _____
- _____
- _____
2. My recommendations as to the existing life insurance are that it be:
- | | Not changed | Surrendered | Extended Term |
|--|-------------|-----------------|---------------|
| | _____ | _____ | _____ |
| | Lapsed | Reduced Paid-Up | |
| | _____ | _____ | |
- If other (explain) _____
- _____
- _____
- _____
3. The existing life insurance does not meet the insured/buyer's needs for insurance because: *
- _____
- _____
- _____
- _____

* Specified reasons must be given.

COMPARATIVE INFORMATION FORM

INSTRUCTIONAL NOTES FOR AGENTS

1. If the premium for the basic policy or any rider or benefit changes, indicate the changes; attach schedules, if necessary.
2. If the death benefit for the basic policy or any rider or benefit changes, indicate the changes; attach schedules, if necessary.
3. If the premium for benefits is not separable from the premium for the basic policy, insert "Included in Basic Policy Premium".

AGENT'S CERTIFICATION

I hereby certify that the information in this Comparative Information Form is true and correct to the best of my knowledge and belief. I further certify that I provided the applicant with the Notice Regarding Replacement of Life Insurance prior to taking an application for a policy.

Signature of Agent

Date

I have received and read a copy of this Comparative Information Form.

Signature of Applicant

Date


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DISCLOSURE AND COMPARISON OF ANNUITY CONTRACTS

EXISTING ANNUITY CONTRACT

Annuitant(s): _____

Insurer: _____

Contract #: _____

PROPOSED ANNUITY CONTRACT

Annuitant(s): _____

Insurer: _____

Application #: _____

	EXISTING ANNUITY CONTRACT			REPLACEMENT ANNUITY			
	Mo	Day	Yr	Mo	Day	Yr	(Est)
Contract Issue Date							
Generic Contract Type							
Marketing Name							
Initial Premium							
Source of Initial Premium							
Qualified Contract?		<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Annuity Maturity Date							
Death Benefit Amount							
Change of Annuitant upon Death Available?		<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Surrender Charge Period in Years							
First Year Surrender Charge Percentage Rate			%			%	
Surrender Charge Schedule for Remaining Years							
Free Withdrawals Available?		<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Annual Free Withdrawal Percentage Rate			%			%	
Waiver of Surrender Charge Benefit or Similar Benefit?		<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Minimum Guaranteed Interest Rate			%			%	
Market Value Adjustment?		<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Asset Fees							
Initial Bonus Percentage or Amount							
Potential Loss of Bonus if Exchanged?		<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Limits and Exclusions for Bonuses that may be Payable							
Interest Rate Cap							
Participation Rate							
Index Type							
Administrative Fees or Margins							
(List limitations, requirements, exclusions of the benefit)							
Other							

_____ / _____
Applicant's Signature **Date** **Joint Applicant's Signature** **Date**


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DISCLOSURE OF SURRENDER CHARGES IF EXISTING ANNUITY IS REPLACED OR EXCHANGED
EXISTING ANNUITY CONTRACT NO. _____

 Annuity Total Valueⁱ \$ _____ Annuity Surrender Valueⁱⁱ \$ _____

 Surrender Chargesⁱⁱⁱ Applicable at exchange \$ _____ ~ this is the estimated amount that will be deducted from the existing annuity's total value if surrendered, replaced, or exchanged, with an anticipated surrender date of ____ / ____ / _____.

ACKNOWLEDGEMENTS AND SIGNATURES

I acknowledge that I have provided the Applicant with a completed and signed copy of this form.

 Agent's Name (please print)

 Florida License No.

 Agent's Signature

 Date Signed

NOTE: NO QUESTIONS OR RESPONSE AREAS ARE TO BE LEFT BLANK WHEN OFFERED TO THE ANNUITANT AND/OR APPLICANT FOR SIGNATURE. IF ANY INFORMATION REQUESTED IS UNAVAILABLE, NOT APPLICABLE OR UNKNOWN, THE INSURANCE AGENT OR INSURER MUST INDICATE THAT.

THE APPLICANT, JOINT APPLICANT AND/OR OWNER MAY SUBSTITUTE THEIR INITIALS FOR SIGNATURES ON ALL FORM PAGES WITH THE EXCEPTION OF THE SIGNATURES BELOW, WHICH ARE REQUIRED.

APPLICANT: DO NOT SIGN THIS FORM IF:

1. ANY ITEM HAS BEEN LEFT BLANK;
2. WITHOUT CAREFULLY REVIEWING THE INFORMATION RECORDED; OR
3. IF ANY OF THE INFORMATION RECORDED IS NOT TRUE AND CORRECT TO THE BEST OF YOUR
4. KNOWLEDGE.

 Applicant's Name (please print)

 Date Signed

 Applicant's Signature

 Joint Applicant's Name (please print)

 Date Signed

 Joint Applicant's Signature



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EXPLANATION OF TERMS

“Administrative Fees or Margins” are charges that amount to the difference between the percentage gain in the index and the actual amount credited to the annuity contract.

“Annual Free Withdrawal Percentage Rate” is the percentage of available funds that may be withdrawn from an annuity contract, generally on an annual basis and is stated in the annuity contract.

“Annuity Maturity Date” is the final date of termination of the contract at which time the proceeds of the contract must be paid out.

“Asset Fees” are the fees the insurer charges that are a percentage of the value of the annuity contract.

“Change of Annuitant upon Death” is a provision that allows another person to become the annuitant upon the death of the original annuitant allowing the contract to remain in force.

“Death Benefit Amount” is the net amount that would be paid to the annuitant’s designated beneficiary or beneficiaries of an existing annuity, or the death benefit that the proposed replacement policy would pay as of the contract issue date.

“Free Withdrawals” are the withdrawals that may be taken from an annuity’s values that are not subject to surrender or other charges and are a provision of the annuity contract.

“Generic Contract Type” is the generic name of the annuity contract form as approved by the Florida Office of Insurance Regulation. Examples of generic annuity contract names are Flexible Premium Equity Indexed Annuity (FPEIDA), Single Premium Immediate Annuity (SPIA), Flexible Premium Variable Deferred Annuity (FPVDA), and Single Premium Deferred Annuity (SPDA).

“Index Type” is the financial measurement used by the insurer to make certain calculations within an annuity contract. Examples of such indices include Standard and Poor’s 500 and the Russell 2000.

“Initial Bonus Percentage or Amount” is a bonus paid by the insurer, generally, at inception of the annuity contract, and may be expressed as a percentage of the initial premium or other amount, or a dollar amount, and must be stated in the annuity contract.

“Initial Surrender Charge Percentage Rate” is the original percentage rate that is deducted from annuity values at the inception of the existing annuity contract, or that will be deducted from the recommended replacement contract at its inception if purchased.

_____/_____/_____ Applicant’s Signature	_____ Date	_____/_____/_____ Joint Applicant’s Signature	_____ Date
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DEPARTMENT OF FINANCIAL SERVICES

Division of Agent & Agency Services - Bureau of Investigation



EXPLANATION OF TERMS (CONTINUED)

"Interest Rate Cap" is the maximum interest earnings that will be credited to the annuity contract.

"Market Value Adjustment" is the increase or decrease in the surrender value of the contract that is adjusted to reflect market fluctuations.

"Marketing Name" is the name adopted by the insurer to identify the contract form.

"Minimum Guaranteed Interest Rate" is the minimum interest rate payable under the annuity contract as guaranteed by the insurer in the annuity contract.

"Participation Rate" is the percentage of the increase or return of the underlying stock market index that will be used to calculate the return.

"Potential Loss of Bonus if Exchanged" refers to whether any bonus would be lost if the annuity contract was exchanged or terminated for any reason.

"Qualified Contract" means a product used to fund any type of pension plan approved by the Internal Revenue Service.

"Surrender Charge" is the amount deducted from annuity contract values upon surrender of an annuity, or for withdrawals exceeding any free withdrawal provision of the contract, regardless how this charge is titled in the policy, e.g., deferred sales charge.

"Surrender Charge Percentage Schedule for Remaining Years" the percentage rate that would be deducted from the existing annuity contract if surrendered, or for any withdrawals exceeding the "free withdrawal" limit.

"Surrender Charge Period" is the number of annuity contract years a surrender charge may be applicable.

"Waiver of Surrender Charge Benefit or Similar Benefit or Provision" is a benefit that is built into individual annuity contracts or added by rider, endorsement or amendment. The benefits are triggered by a qualifying event associated with either the annuitant or owner, as specified in the contract.

_____/_____ Applicant's Signature	_____ Date	_____/_____ Joint Applicant's Signature	_____ Date
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ⁱ This amount represents the current value of the existing annuity, less any withdrawals or other deductions.

ⁱⁱ This amount represents the surrender value of the existing annuity.

ⁱⁱⁱ Surrender charges or fees that will be deducted from #1 if you exchange or otherwise terminate your existing annuity.

Liberty National

Life Insurance Company

3700 S. STONEBRIDGE DRIVE • POST OFFICE BOX 8080 • MCKINNEY, TEXAS 75070-8080

TRANSFER / 1035 EXCHANGE FORM

1. EXISTING CONTRACT / POLICY INFORMATION

Name of Distributing Plan / Company

Contract / Policy Number Being Exchanged / Transferred

MAILING ADDRESS of Current Company

City

State Zip

Phone Number of Current Company

Annuitant Name (Please Print)

Annuitant Social Security Number

Owner Name (Please Print)

Owner Social Security Number

Joint Owner Name – if Applicable (Please Print)

Joint Owner Social Security Number – if Applicable

Owner Address

City

State Zip

PLEASE SELECT A or B BELOW (Select One)

A. ☐ FULL 1035 EXCHANGE

I hereby make a complete and absolute assignment and transfer all rights, titles, and interests of every nature and character in and to the above contract to the Company in an exchange intended to qualify under Section 1035 of the Internal Revenue Code.

Upon receipt, the Company is directed to surrender all of my contract, as indicated above, and apply the value to the product for which I have submitted an application. I understand that by executing this assignment, I irrevocably waive all rights, claims and demand under the above contract. I acknowledge that the Company is furnishing this form and participating in this transaction as an accommodation to me and that the Company assumes no responsibility or liability for my tax treatment under Section 1035 of the Internal Revenue Code or otherwise.

B. ☐ QUALIFIED ACCOUNT TRANSFER (Certain restrictions may apply)

From: ☐ IRA ☐ Simple IRA ☐ Roth IRA ☐ Qualified Retirement Plan ☐ 403(b)/TSA Plan ☐ SEP IRA

To: ☐ Traditional IRA

I wish to liquidate and transfer the ☐ **entire value** or ☐ **partial value** (in the amount of) \$ _____ or _____ % of my present qualified account to the contract/policy I have established through Liberty National Life Insurance Company.

If this is a transfer into an existing contract, please provide the existing Contract Number _____. Without this contract number, the transfer must be made into a new contract.

This is a transfer and my Required Minimum Distribution (RMD) for this tax year:

☐ **Has** already been distributed to me from the contract/account listed above or from another source.

☐ **Has not** been distributed to me. Please calculate my RMD and distribute only that amount to me.

Prior year's ending balance as of December 31st (12/31): \$ _____

Base my RMD on (select one):

☐ **Uniform Lifetime Table Calculation**; or

☐ **Joint Last Survivor**

(available only if your spouse is the sole primary beneficiary of your contract and is more than ten (10) years younger than you).

Spouse Name: _____ Spouse Date of Birth: _____

2. RETURN OF CONTRACT / POLICY

Please choose one if you are transferring the full value of your current contract/policy.

- ☐ I certify that my contract is lost or destroyed.
☐ The contract/policy is attached.

3. SIGNATURES AND AUTHORIZATION

Please make check(s) payable to: **Liberty National Life Insurance Company**

Mail to: Liberty National Life Insurance Company
Attn: Special Markets
P.O. Box 8080
McKinney, Texas 75070-8080

Overnight to: Liberty National Life Insurance Company
Attn: Special Markets
3700 S. Stonebridge Drive
McKinney, Texas 75070

Please transfer these funds ☐ **as soon as possible** or ☐ **on a specific date** MM / DD / YYYY (Not later than the maturity date)

I understand that the Company is providing this form for my convenience and makes no representations concerning my tax treatment. I agree to execute any additional documents required to complete this transaction. **If this is an exchange, I acknowledge that this exchange qualifies under Section 1035 of the Internal Revenue Code as a "like-to-like" exchange.**

Owner Signature
(Note: A signature guarantee may be required by the surrendering carrier)

Spouse Signature (if applicable)

Joint Owner Signature (if applicable)

Guarantee by Signature: Name of Bank/Firm

Date

Officer Signature & Title

Place Signature Guarantee Stamp Here

4. ACCEPTANCE FOR TRANSFER/1035 EXCHANGE

Home Office Use Only

The company requests this liquidation and transfer of the assets listed above. By its signature below, the Company represents that the above described receiving Annuity Contract is or is intended to be an Annuity Contract of the type indicated and that the Company will accept the Section 1035 Exchange/Transfer on behalf of the person(s) named on this form. Please provide us with a report of the pre- and post-TEFRA cost basis in the current contract, if applicable.

Authorized Signature

Date

Title

New Contract Number

Liberty National Life Insurance Company • P.O. Box 8080 • McKinney, Texas 75070-8080 • (800) 585-9739

QUALIFIED FUNDS IDENTIFICATION WORKSHEET

To be completed whenever the annuity is to be used to fund an IRA

Agent: _____ Branch: _____

Annuitant/Owner Name: _____ Contract Number: _____

Is this a CONTRIBUTORY IRA? ☐ YES ☐ NO

If YES, indicate amount and tax year assignment for the contribution(s)

Amount \$ _____ Tax Year _____

Amount \$ _____ Tax Year _____

Is this an IRA TRANSFER? ☐ YES ☐ NO

If YES, provide name of previous IRA trustee/custodian _____

Is this an IRA ROLLOVER? ☐ YES ☐ NO

If YES, provide name of fund source _____

If YES, indicate type of rollover funds:

☐ IRA ☐ 401K ☐ TSA ☐ KEOGH ☐ SEP

ANNUITANT/OWNER SIGNATURE

ANNUITANT/OWNER PRINTED NAME

DATE

AGENT SIGNATURE

AGENT PRINTED NAME

DATE



3700 S. STONEBRIDGE DRIVE • POST OFFICE BOX 8080 • MCKINNEY, TEXAS 75070-8080

YOUR GUIDE TO YOUR LIBERTY NATIONAL IRA

PLAN CODE: E90

Your Guide to Your Liberty National IRA

This Guide is the disclosure statement describing your IRA as required by federal law. It provides appropriate disclosure for Individual Retirement Annuities issued by Liberty National Life Insurance Company when purchased as Individual Retirement Annuities.

In this booklet, “you” and “your” refer to the owner of an Individual Retirement Annuity (IRA). We, us and our refer to Liberty National Life Insurance Company.

Please read this booklet carefully. It describes your, and our, rights and responsibilities relating to your IRA. If you set up IRAs for yourself and your spouse, these terms apply to both of you.

Your Right to Cancel this IRA

You may cancel this IRA within thirty days after you received the IRA contract. You may cancel it by writing to us by first class, certified or registered mail at:

Liberty National Life Insurance Company
Attn: Special Markets
P. O. Box 8080
McKinney, TX 75070

If you write, be sure:

- Your letter is properly addressed and stamped; and
- The postmark and certification or registration date are within thirty days of the date you received the IRA contract or received financial disclosure, whichever is later.

If you cancel your IRA within the required time period, we will refund your full contribution. However, you will not receive any earnings on your contribution.

Your IRA Can't Be Forfeited

Your IRA will be clearly identified as yours and is nonforfeitable. Your IRA funds cannot be invested in life insurance contracts.

Making Contributions to Your IRA

Your contribution may be an IRA rollover, an IRA transfer, or some combination of IRA rollover or transfer with an active IRA contribution.

All contributions must be in cash or by check or money order. You may deduct active IRA contributions for a given tax year if you are eligible and if you make your contributions for that tax year by the due date for filing your tax return for that year. For most people, this will be April 15 of the following year. Extensions you receive for filing your federal income tax return will not apply to your IRA contributions. You must tell us to which tax year any active IRA contribution applies as well as the amount of your rollover or transfer contribution. We are required to report this information to the IRS. If you do not designate a tax year for your IRA contribution, we will assume that it is for the tax year in which it is made.

We cannot determine if a contribution you make is deductible or if it brings your contributions for that year over your deductible limit. Our accepting a contribution doesn't mean it's automatically tax-deductible; you must make sure your contributions don't exceed the maximums explained in this Guide.

Rollover IRAs

A rollover is an allowable contribution that you cannot deduct on your tax return. Rollovers aren't subject to the annual contribution limits that apply to active IRAs.

Rollovers from an Employer's Qualified Plan to Your IRA

Under certain circumstances, you may be able to delay paying taxes on a distribution from your employer's qualified retirement plan, eligible governmental deferred compensation plan or tax-sheltered annuity or custodial account by rolling it over into an IRA. Always check with your tax advisor about the tax consequences of making a rollover contribution and keeping your rollover IRA separate from your active IRA.

Qualifying for a rollover. Generally, any distribution received from a tax-qualified plan can be rolled into an IRA. However, the following distributions generally cannot be rolled over:

- A distribution that is part of a series of substantially equal periodic payments made over your life, your life expectancy, the joint lives (or life expectancies) for you and your designated beneficiary, or a period of at least ten years;
- Any required minimum distribution (i.e., the minimum amount required to be distributed on account of your attaining age 70½);
- Certain distributions that qualified plans may be required to make to comply with IRS nondiscrimination rules or contribution limits;
- Certain amounts that are treated as distributions as a result of a failure to comply with IRS rules regarding participant loans;
- Dividends paid on “employer securities” that are distributed from an Employee Stock Ownership Plan (ESOP);
- The costs of life insurance coverage on life insurance policies held by the plan; and
- Amounts that were distributed to you on account of your hardship.

You may rollover amounts you receive after the death of a spouse from your spouse's qualified plan, eligible governmental deferred compensation plan, or tax-sheltered annuity or custodial account into your IRA, unless the distribution is one of the distributions described above.

If you receive a distribution of property, you may sell the property and roll the proceeds over into an IRA.

Time limits. A rollover must be made within 60 days after you receive the eligible distribution. If you receive more than one payment as part of a lump-sum distribution from the same plan in the same calendar year, the 60-day period begins when you receive your last payment. EGTRRA added a provision that gives the IRS authority to waive their strict interpretation of this 60-day rule.

You do not have to roll the entire distribution into an IRA.

However, the taxable portion of your distribution that you don't roll over within the 60-day period will be taxed as ordinary income for that year. It will not be eligible for special five or ten-year averaging or special long-term capital gains treatment.

In case of excess contributions. If an excess contribution in your IRA is due to an improper rollover, and the excess occurred because you received incorrect information that was required to be given by the qualified plan from which the rollover was made, you may withdraw the excess amount. This type of excess contribution could be due to an error in figuring the eligibility or amount of your rollover. The amount withdrawn won't be treated as an IRA distribution but will come under the tax rules applying to distributions from qualified plans. If you do not withdraw the excess, you may be subject to penalties on excess contributions. See “Excess Contributions” on page 5.

In the event of your death. Upon your death, if your spouse is your beneficiary, he or she may roll over any distribution he or she receives from your IRA. A rollover must be completed within 60 days after receiving the distribution. For rules on IRA distributions to your beneficiary, see “Distributions After Death” on page 6.

Rollovers from Your Rollover IRA to a Qualified Plan or IRA

The funds in an IRA that you set up, either as an active IRA or to roll over a distribution from another IRA or former employer’s Qualified Plan, Tax-deferred Annuity, or Eligible Deferred Compensation Arrangement may also be rolled over to another IRA or an employer’s Qualified Plan, Tax-deferred Annuity or Eligible Deferred Compensation Arrangement.

Any amount of your deductible contributions and earnings which you withdraw from your rollover IRA but do not roll over into a qualified plan or another IRA will be taxed as ordinary income for that year and will generally be subject to the premature distribution penalty tax if you are under age 59½.

Rollovers from Your IRA to a Qualified Plan

If you’ve set up an IRA, you may be able to move funds from it into an employer’s Qualified Plan, a Tax-deferred Annuity Arrangement, or a so-called “Eligible” deferred compensation arrangement of a state or local government employer. You may do this if:

- Your employer’s plan accepts rollover contribution; and
- You contribute the funds into your employer’s plan within 60 days after withdrawing them from your IRA.

However, if you inherit another individual’s IRA as a result of the death of that individual and that individual is not your spouse, you may not rollover that IRA.

Rollovers from One IRA to Another

You can roll over your money from one IRA to another. To avoid paying taxes, you have to set up your new IRA within 60 days after withdrawing the money from the first IRA. You are allowed to do this only once every 12 months with respect to each IRA you own.

Generally, if you are under age 59½, any amount of your deductible contributions and earnings, which you withdraw from the first IRA and don’t contribute to the new one, will be a premature distribution. See “Premature Distributions” on page 5 for details.

IRA Transfers

You may transfer your IRA from one custodian, trustee or issuer to another custodian, trustee or issuer at any time and as often as you wish with no adverse tax consequences as long as you don’t actually take possession of the funds. You’ll have to check with both the old and the new institutions for specific IRA transfer procedures.

If you transfer your IRA from us, we will do an accounting and give the new custodian, trustee or issuer all proceeds from your IRA. We will also provide any records within reason. A surrender charge may apply.

Custodial and Annuity Transfers

The Internal Revenue Service has not issued a ruling on whether or not transfers between custodial and annuity IRAs are actually subject to the rollover limitation of one per 12-month period or come under the more liberal rules for transfers explained above. Before you attempt such a transaction more than once in a 12-month period, you should consult your tax advisor.

Active IRAs

Active IRAs have been designed to:

- Provide supplemental income for your retirement;
- Provide for your beneficiaries in the event of your death; and
- Reduce your tax burden during your earning years.

Because an IRA is a retirement plan, there are certain restrictions on the types of investments you may make and on your rights to withdraw your money without tax penalties before age 59½.

Contribution limits. If you set up an IRA for yourself, you may contribute up to \$5,000 for 2009 and 2010, subject to inflation adjustments for 2011 and later or 100% of your compensation from employment annually, whichever is less, until the tax year in which you reach age 70½. If you are at least age 50, you may be eligible to contribute an additional \$1,000, or your remaining compensation, whichever is less. If you have more than one IRA, this contribution limit applies to the total of all your active IRAs. The contribution limits apply to both deductible and non-deductible IRA contributions. These are described in more detail below.

Compensation from employment includes:

- Wages and salaries;
- Earned income from self-employment;
- Professional fees;
- Commissions;
- Bonuses;
- Tips; and
- Taxable alimony.

Compensation does not include:

- Interest and dividends;
- Rent; or
- Retirement benefits.

Deductible contributions. You may make fully deductible IRA contributions if (1) neither you nor your spouse are covered by an employer-maintained retirement plan for any part of the plan year ending with or within your taxable year, or (2) if either you or your spouse is covered by an employer-maintained retirement plan and you have a combined adjusted gross income that does not exceed an applicable dollar amount (see limits on the following page).

Employer-maintained retirement plans include profit sharing plans, certain government plans, salary reduction arrangements (such as tax-sheltered annuity arrangements or 401(k) plans) and simplified employee pension (SEP) plans or plans which promise you a retirement benefit that is based upon the number of years of service you have with the employer. Your form W-2 for the year should indicate whether you are an active participant in a plan maintained by your employer.

The modified adjusted gross income (MAGI)* threshold levels are limits above which deductible contributions to your IRA are phased out. For an individual’s 2009 and 2010 tax years, the limits are:

- (1) \$55,000 for 2009 and \$56,000 for 2010 for an individual whose filing status is single or head of household;

* If you file Form 1040A, your MAGI is the amount on the page 1 “total income” line, or if you file Form 1040, your MAGI is the amount on page 1 “adjusted gross income” line, but modified by figuring it without any IRA deduction or any foreign earned income exclusion and foreign housing exclusion or deduction taken.

- (2) \$89,000 for 2009 and 2010 for a married couple filing a joint return or an individual filing as a qualifying widow(er);
- (3) \$166,000 for 2009 and \$167,000 for 2010 for the contribution made by a married individual filing a joint return, if that individual is not covered by an employer-sponsored retirement plan, but whose spouse is covered by a plan;
- (4) \$0 for most married couples filing separately. (If you file a separate return and have lived apart from your spouse for the entire year, you are subject to the limits for single individuals).

MAGI is calculated without regard to any deductible IRA contributions. Your tax return will show you how to calculate your MAGI for this purpose.

The limit on deductible contributions to your IRA is reduced by an amount that bears the same ratio to that limit as your MAGI in excess of the amount above that applies to you bears to \$10,000 (\$20,000 for joint returns).

Generally no IRA deduction is allowed for:

- (1) An individual, whose filing status is single, (including a married individual filing separately who has lived apart from his or her spouse for an entire year) or head of household with a MAGI over \$66,000 and who is also covered by an employer-maintained retirement plan;
- (2) Married couples filing a joint return with a MAGI over \$109,000 if both spouses are covered (or were covered at any time during the tax year) by an employer-maintained retirement plan;
- (3) The contribution for a married individual filing a joint return who is not covered by an employer-maintained retirement plan, but whose spouse is, with a MAGI over \$176,000 for 2009 or \$177,000 for 2010;
- (4) A married person filing separately living with his or her spouse if he or she has income above \$10,000 and **either** spouse is covered by an employer-maintained retirement plan.

There is a \$200 floor on the partial deduction for individuals whose modified adjusted gross incomes are just below the upper MAGI limit.

The formula below is used to determine how much of your IRA contribution is deductible. The amount by which your MAGI exceeds your threshold level (MAGI-threshold level) is called your excess MAGI. The maximum allowable deduction for individuals below age 50 is \$5,000 for years after 2007.

$$\frac{\$10,000 - \text{Excess MAGI}}{\$10,000} \times \text{Maximum Allowable Deduction} = \text{Deduction Limit}$$

Example: Assume a married couple files a joint tax return for 2010. Each spouse earns more than \$5,000, and both are active participants in an employer-maintained plan. They have a combined MAGI for 2010 of \$92,000. The maximum allowable contribution is \$5,000 for each spouse's IRA (since each spouse can contribute \$5,000, their total maximum combined contribution would be \$10,000).

Example calculation follows:

Their combined MAGI is \$92,000
 Their Threshold Level is \$89,000
 Their Excess MAGI is \$3,000
 (MAGI - Threshold Level) or (\$92,000 - \$89,000) = \$3,000
 The Maximum Allowable Deduction for each spouse is \$5,000

So, **each** spouse may compute his or her IRA deduction limit as follows:

$$\frac{\$10,000 - \$3,000}{\$10,000} \times \$5,000 = \$3,500$$

In certain circumstances, contributions made on behalf of one spouse

may be deductible if that spouse is not covered by an employer-sponsored retirement plan, even if the other spouse is covered. Contributions to the spouse not covered are deductible if the couple files a joint return and the MAGI on the joint return does not exceed \$166,000 for 2009 and \$167,000 for 2010. However, contributions on behalf of the spouse who is covered will not be deductible if the MAGI exceeds the limits described above.

For example, assume that a Husband and Wife file a joint tax return and have MAGI of \$125,000. The Husband is not covered by an employer-sponsored retirement plan, but the Wife is covered. In this case, the contribution made to the IRA of the Husband is deductible, but any contribution made to the Wife's IRA is not. If, however, MAGI exceeds \$176,000 in 2009 and \$177,000 for 2010, none of the contributions will be deductible.

Non-deductible contributions may be made to an IRA by an individual who is not eligible to make deductible IRA contributions or elects not to make deductible IRA contributions. The non-deductible contribution may not exceed the overall dollar limit on IRA contributions. Earnings on both deductible and non-deductible contributions will be exempt from federal income tax until you begin to withdraw them. Check with your tax adviser to find out if you may deduct contributions and earnings on your state income tax.

You may combine deductible and non-deductible IRA contributions in one account. You will be responsible for maintaining records regarding the status of your contributions to the IRA. On IRS Form 8606, to be filed with your tax return, you must indicate the amount of designated non-deductible contributions for the taxable year. You must file Form 8606 in those years for which you make non-deductible contributions and in any year you receive a distribution from your IRA which includes non-deductible contributions. If you do not file Form 8606, you will have to pay a \$50 penalty unless the failure was due to reasonable cause.

If this information is not provided on your tax return for each taxable year, then upon distribution, all IRA contributions are presumed to have been deducted and are, therefore, taxed. You may rebut this presumption with satisfactory evidence that the contributions were non-deductible when they were made. An individual who overstates the amount of designated non-deductible contributions for any taxable year is subject to a \$100 penalty unless the overstatement was due to a reasonable cause.

You can make tax free withdrawals of any contributions you make to your IRA for a year if you withdraw the contributions before the due date (including extensions) of the return for that year, if you do not claim a deduction for them and if you also withdraw any earnings attributable to them. These earnings are subject to income tax as well as to the 10% penalty tax on premature distributions.

Working Family/Spousal IRAs

If you are married, both you and your spouse may each set up an active IRA, as long as either or both of you receive compensation during the year. Whether the contributions will be deductible will depend on your MAGI, whether either or both of you are covered by an employer-maintained retirement plan, and whether you file a joint or separate returns. You may contribute to each IRA a total of \$5,000 or 100% the amount of compensation from employment, whichever is less, you receive during the year. It doesn't matter who receives the compensation. For example if only one spouse receives compensation for the year, and as long as that spouse receives at least \$10,000 total compensation for the year, you may establish an IRA for yourself and contribute up to \$5,000 for the year, and contribute an additional \$5,000 to a separate IRA set up for your spouse.

*For individuals at least age 50, the maximum allowable deduction is increased by \$1,000.

Simplified Employee Pension Plans

If your employer has established a Simplified Employee Pension Plan (SEP), your annuity under the plan is actually an IRA. Once you qualify and set up the SEP-IRA, your employer contributes to it under the rules of the plan. A SEP is an IRA with special features and requirements.

Employer contributions. Your employer may make SEP contributions each year in an amount of up to 25% of your annual compensation from employment or \$49,000 for 2009 and 2010, whichever is less. Your employer decides the percentage and must contribute on behalf of all eligible employees. The assets in your SEP-IRA are yours and cannot be forfeited even if you change employers. The amount that your employer contributes to your SEP-IRA will be excluded from your income.

Elective deferrals. If you participate in a SEP which permits salary reduction contributions, you may elect to have contributions made to the SEP from your salary rather than receiving such amounts in cash. If you elect to have salary reduction contributions made on your behalf, such amounts are excluded from the current income for federal income tax purposes. Elective deferrals under a SEP are subject to a cap \$16,500 for 2009 and 2010 on elective deferrals which is indexed for cost of living adjustments. Elective deferrals to other cash or deferred arrangements will reduce the amount you can elect to defer to your SEP.

Excess Contributions

Penalty Tax on Excess Contributions

Generally, contributions above the allowable limit are called excess contributions. There is a penalty tax of 6% on the excess contribution. It's payable with your federal income tax return. You must report the excess on IRA Form 5329, which may be attached to your federal income tax return. The excess is taxed for the year in which the excess contribution was made and for each year after that unless you correct it.

Timely correction. You can avoid the penalty tax by withdrawing the excess amount and all earnings attributable to it before the deadline, including extensions, for filing your federal income tax return (for the year for which you made the excess contribution). Any earnings withdrawn will be subject to income tax and, generally, the 10% premature distribution penalty tax if you are under age 59½.

Late Correction. You can correct the excess in a later year by:

- Withdrawing the excess amount *after* the deadline for filing your federal income tax return, including extensions, for the year for which the excess contribution was made. Earnings on the excess need not be withdrawn. This method may *not* be used if the total contributions (the amount within IRA limits plus the excess amount) to your IRA for that year exceeded \$5,000. You must pay the 6% tax on the excess amount for each year the excess contribution is in your IRA.
- Contributing less than the maximum in future years to offset the excess amount in the current year. In this case, the excess amount will still be subject to the 6% tax in the current year. The 6% tax will apply in subsequent years on the portion of the excess, if any, that was not offset by reduced contributions.

If you withdraw your excess contributions, your withdrawal may be subject to a surrender charge.

If you contribute and deduct less than you're allowed for any one tax year, you may not deduct excess contributions the next year to make up for it.

Distributions from Your IRA

You may begin receiving distributions from your IRA without tax penalty after you reach age 59½ or sooner if you become disabled.

Your beneficiary may begin receiving distributions at your death without tax penalty regardless of your age at death.

Premature Distributions

Distributions you receive from your IRA before you reach age 59½ are usually considered premature distributions and are subject to a 10% penalty tax in addition to ordinary income tax. The additional tax applies to deductible contributions and all earnings.

The following transactions are not considered premature distributions:

- Distributions for certain medical expenses, but only to the extent the medical expenses are deductible;
- Certain distributions to unemployed individuals to pay health insurance premiums;
- Distributions used to pay certain higher education expenses for the owner, the owner's spouse, the owner's child, or the owner's grandchild;
- Distributions, not exceeding \$10,000 for first-time home purchases;
- Distributions to a beneficiary as a result of the owner's death.
- Distributions to satisfy an IRS levy;
- Payments made because you are disabled;
- Withdrawals to correct excess contributions, if made before the deadline (including extensions) for filing your tax return for the year you made the excess contributions, although earnings on the excess contributions are subject to the 10% penalty;
- Payments that are part of a scheduled series of substantially equal periodic payments, made not less frequently than annually, over the life (or life expectancy) of the owner or joint lives (or life expectancies) of the owner and beneficiary;
- Payments to your beneficiaries after your death;
- Payments rolled over to another IRA or employer sponsored retirement plan; and
- Transfers to another IRA.

You may request distributions from your IRA without tax penalty at any time when you are between the ages of 59½ and 70½.

Required Distributions

In general, once you reach age 70½, you are required to receive a certain minimum distribution from your IRA each year and distributions must begin no later than your required beginning date which is April 1 following the year in which you reach age 70½. Minimum distributions are not required for 2009. As a result, persons who attain age 70½ in 2009 are not required to take a distribution by April 1, 2010. However, the required minimum distribution for 2010 must be made by December 31, 2010. If the distributions are to be made over a period of years, and you wait until your required beginning date to receive your first annual required distribution, the distribution made by April 1 is treated as if made for the previous year in which you reached age 70½. If the distribution is made in the form of an annuity (*i.e.* over your life or the joint life of you and your beneficiary) subsequent payments must be made periodically. The interval between periodic payments will be determined when your payouts commence and must remain constant once selected. Intervals can be of any length, up to one year.

You are responsible for meeting the minimum distribution requirements that apply to all your IRAs. Under IRS regulations, IRA owners must meet the minimum distribution requirements separately for each IRA. However, IRA owners are allowed to calculate the required minimum distributions for each IRA, compute the total of the required minimum

distributions, and take the total required distribution from one or more IRAs. Ask your tax adviser for help in determining your minimum required distributions.

Periodic Distributions. If you do not receive the entire balance by your required beginning date (April 1 following the year in which you reach 70½), payments must be made to you over one of the following periods (or any combination of these periods):

- 1) Your life, or
- 2) The lives of you and your designated beneficiary, or
- 3) A period that does not extend beyond your life expectancy, or
- 4) A period that does not extend beyond the joint life and last survivor expectancy of you and your designated beneficiary.

The term “designated beneficiary” as used here means the individual who is your beneficiary under your IRA upon your death. If you have more than one beneficiary under your IRA, the beneficiary with the shortest life expectancy, generally the oldest individual, will be the “designated beneficiary” used to determine the period over which your distribution must be made.

For calendar years beginning after 1988, the joint life expectancies of you and a non-spouse beneficiary is limited by the “minimum distribution incidental benefit” (MDIB) table. You must use the applicable factor in the MDIB table to calculate your minimum required distribution if this factor is less than the joint life expectancies of you and your non-spouse beneficiary. The factors in the MDIB table represent the life expectancy of the IRA owner and a beneficiary ten years younger.

Determining the minimum amount. This rule applies to distributions to an IRA owner where the distribution is to be for a period not to exceed the life expectancy of the owner or the joint life and last survivor expectancy of the owner and the designated beneficiary. The minimum amount required to be distributed by the required beginning date is figured by dividing the *entire* interest in the IRA by the applicable life expectancy. The entire interest is the IRA account balance as of the close of business on December 31 of the year before the year in which the IRA owner reaches age 70½. The applicable life expectancy is the life expectancy of the IRA owner (or the joint life and last survivor expectancy of the IRA owner and his or her designated beneficiary). Beginning in 2003, trustees must provide statements by January 31 of the year in which there is any required minimum distribution, including either the amount of the required minimum distribution or an offer to furnish one upon request.

Recalculating life expectancy. The election *not* to recalculate life expectancy annually (and that of the spouse/beneficiary, if applicable) must be made by the required beginning date. If the election is not timely made, it is presumed that recalculation was elected.

Annuity distributions. Special rules apply to your IRA since it is in the form of an annuity purchased from an insurance company. The IRS recommends that you see section 1.401(a)(9)-6 (final regulations) published in the 6/14/04 Federal Register and section 1.408-8 (final regulations) published in the 4/17/02 Federal Register. IRS regulations can be read at many libraries and IRS offices.

Penalty taxes for distributing less than the minimum. If you don't arrange to have the minimum required distributions paid to you, you may be subject to a penalty tax equal to 50% of the difference between the required minimum distribution and the amount you actually received. You may not deduct this penalty on your income tax return.

The penalty tax is generally waived if you are the sole beneficiary of someone who died before his required beginning date and your entire interest is distributed by December 31 of the fifth year following the year of that individual's death.

You may also qualify for a refund of this penalty tax if:

- You show that there was a reasonable cause for error; and
- You show that you are taking appropriate steps to remedy the deficiency of distributions; and
- You apply to the IRS for a waiver of the penalty tax.

How Distributions Are Taxed

Distributions of deductible contributions and all earnings will be taxed as ordinary income. Because non-deductible IRA contributions are made using income which has already been taxed (that is, they are not deductible contributions), the portion of an IRA distribution consisting of non deductible contributions will not be taxed again when received by you. Generally if you make any non-deductible IRA contributions, each distribution from your IRA will consist of a nontaxable portion (return of nondeductible contributions) and a taxable portion attributable to earnings and deductible contributions, if any.

Taxable distributions are subject to federal income tax withholding. Generally, tax will be withheld at a 10% rate on nonperiodic distributions. This 10% will be deducted from the distribution paid to you. However, you may choose to pay the tax yourself and request us in writing not to withhold the tax. You must make this request when you request the distribution. If you choose to pay the tax yourself, you may be responsible for payment of estimated taxes during the tax year. You may not use the special five-year averaging rules available for certain lump-sum distributions from qualified retirement plans when figuring the federal income tax due on your IRA distribution.

Distributions After Death

If you die after your required beginning date. If payments begin by April 1 of the year following the year you reach age 70½, and begin before your death in accordance with the distribution methods described earlier, any payments not made as of the time of your death must be distributed at least as rapidly as under the distribution method in use as of the date of your death.

If you die before your required beginning date. If you die before April 1 after your 70½ year, the *entire interest* (the IRA account balance as of the close of business on December 31 of the preceding year) must be distributed either: a) by the December 31 of the fifth year following the year of your death*, or b) in annual amounts over the life or life expectancy of your designated beneficiary.

Your beneficiary may elect which of the rules applies. This election must be made by the earliest date a distribution would be required under any of the rules. Generally, this date is December 31 of the year following the year of your death. Your modified guaranteed annuity allows 60 days after receipt of due proof of death to make an election.

If a timely election is not made, distribution must be made under rule (b) if the beneficiary is the surviving spouse, and under rule (a) if the beneficiary is someone other than the surviving spouse. Distributions under (b) must begin by December 31 of the year following the year of your death. However, if your spouse is the beneficiary, distributions need not begin until December 31 of the year you would have attained age 70½, if later. In either case, the year distributions are required to begin is the first year for which a minimum amount is required to be distributed.

* Minimum distributions are not required for 2009, therefore 2009 is ignored for purposes of determining the five-year period.

If you have named your spouse as beneficiary, your spouse may continue the IRA as its owner and delay taking distributions until April 1 of the year following the year in which he or she reaches age 70½. He or she may also make contributions to it, if eligible. If you haven't named a beneficiary, your IRA funds must be paid to your estate under rule (a).

Special rules apply to distributions from individual retirement annuities. See "Annuity distributions" on this page.

Prohibited Transactions

If you or your beneficiary engages in a prohibited transaction with your IRA, your IRA will lose some or all of its favorable tax status. As long as you simply make contributions to, and withdrawals from your IRA, you probably will not have to be concerned about prohibited transactions. Prohibited transactions include:

- Using all or part of your IRA as collateral for a loan;
- Using your IRA to invest in collectibles, such as art, antiques, metals, stamps, or coins (except for gold and silver coins issued by the United States and acquired after December 31, 1986);
- Borrowing from your IRA;
- Assigning, pledging, or transferring your IRA; or
- Selling property to or buying property from your IRA.

If you use any portion of your IRA as security for a loan, the portion used will be considered a distribution. The 10% premature distribution penalty tax (if applicable) and ordinary income tax will be applied to that amount. If you borrow any of your IRA funds or use any of them in any other prohibited transaction, the entire balance will be considered as a distribution to you. You will have to include it in your gross income for the taxable year in which you engaged in the prohibited transaction and the 10% premature distribution penalty tax will apply if you are under age 59½.

Tax Information

Filing Requirements

Your IRA contributions and distributions must be reported on your federal income tax return (Form 1040 or 1040A). If you designate any contributions as non-deductible, or receive a distribution from your IRA which includes non-deductible contributions, you must report this using IRS form 8606. You (or your beneficiary after your death) must also file Form 5329 (Return for Individual Retirement Savings Arrangement) if any excise or penalty tax is due on your IRA or if you receive a

premature distribution. Excise or penalty taxes could be due on excess contributions, premature distributions, excess accumulations or excess distributions. It is your obligation to determine when any excise or penalty taxes are due or any prohibited transactions have occurred.

Estate and Gift Taxes

Assets in your IRA are fully includible in your gross estate for federal estate tax purposes. However, your estate may qualify for the estate tax marital deduction and/or unified credit, which can reduce or eliminate the applicable federal estate tax.

Your designation of a beneficiary for your IRA is not considered a transfer for federal gift tax purposes.

IRA Approval

Individual Retirement Annuities provided by Liberty National Life Insurance Company have not been approved by the IRS as to form. IRS approval relates only to form and not to the merits of your IRA.

Reports and Statements

We are required to provide you and the IRS with certain reports and statements. These reports include:

- Notification to you and the IRS of contributions to your IRA, the tax year for which your contributions are made, the fair market value of your IRA as of December 31 of each year, and taxable withdrawals from your IRA; and
- Periodic statements to you of your IRA activity. You will be responsible for maintaining records of your deductible and non-deductible contributions to your IRA and reporting them on your federal tax return.

You are required to tell us the tax year for which you are making the contribution. You must also provide us with any other information we need to prepare reports required by the IRS. We are not required to file any income tax forms for you.

Change of Address

We'll send any statement or notice of change in these terms to the address you have given us. Please notify us in writing if you change your address.

For More Information

Further information on IRAs can be obtained from any district office of the Internal Revenue Service.

Financial Disclosure for Annuity Contract or Certificate

For an explanation of the features and terms of your IRA issued by Liberty National Life Insurance Company, refer to the contract or certificate. You will find required financial disclosure below. You have 30 days within which to revoke your IRA after you receive the IRA contract.

There are no sales charges deducted from purchase payments. However, if an annuity settlement option is not taken, a surrender charge is assessed in accordance with the table set forth below. Review the columns below to determine the Guaranteed Surrender Values per \$1,000 for your IRA. Current Surrender Values cannot be reasonably projected since they are based on interest rates which are subject to change, but in no event will they be less than the rates guaranteed in the annuity contract.

Guaranteed Surrender Values*

End of Year	For Each \$1,000 Gross Single Premium	For Each \$1,000 Gross Annual Premium	End of Year	For Each \$1,000 Gross Single Premium	For Each \$1,000 Gross Annual Premium
1	\$1,000.00	\$1,000.00	31	\$2,500.08	\$51,502.76
2	1,000.00	2,000.00	32	2,575.08	54,077.84
3	1,023.66	3,000.00	33	2,652.34	56,730.18
4	1,064.53	4,069.69	34	2,731.91	59,462.08
5	1,106.94	5,216.54	35	2,813.86	62,275.94
6	1,150.93	6,417.84	36	2,898.28	65,174.22
7	1,229.87	7,892.34	37	2,985.28	68,159.45
8	1,266.77	9,159.11	38	3,074.78	71,234.23
9	1,304.77	10,463.88	39	3,167.03	74,401.26
10	1,343.92	11,807.80	40	3,262.04	77,663.30
11	1,384.23	13,192.03	41	3,359.90	81,023.20
12	1,425.76	14,617.79	42	3,460.70	84,483.89
13	1,468.53	16,086.32	43	3,564.52	88,048.41
14	1,512.59	17,598.91	44	3,671.45	91,719.86
15	1,557.97	19,156.88	45	3,781.60	95,501.46
16	1,604.71	20,761.59	46	3,895.04	99,396.50
17	1,652.85	22,414.44	47	4,011.90	103,408.40
18	1,702.43	24,116.87	48	4,132.25	107,540.65
19	1,753.51	25,870.37	49	4,256.22	111,796.87
20	1,806.11	27,676.49	50	4,383.91	116,180.77
21	1,860.29	29,536.78	51	4,515.42	120,696.20
22	1,916.10	31,452.88	52	4,650.89	125,347.08
23	1,973.59	33,426.47	53	4,790.41	130,137.49
24	2,032.79	35,459.26	54	4,934.12	135,071.62
25	2,093.78	37,553.04	55	5,082.15	140,153.77
26	2,156.59	39,709.63			
27	2,221.29	41,930.92			
28	2,287.93	44,218.85			
29	2,356.57	46,575.42			
30	2,427.26	49,002.68			

*The surrender values are guaranteed for the life of the annuity contract and reflect the amount available for withdrawal each year after deduction of a surrender charge which varies depending upon the contract year in which the surrender occurs:

Contract Year	Surrender Charge
1	7% of amount surrendered
2	7% of amount surrendered
3	7% of amount surrendered
4	6% of amount surrendered
5	5% of amount surrendered
6	4% of amount surrendered
7 or more	None