

Non Resident Sales Acknowledgement Form

INSURER: FIDELITY & GUARANTY LIFE INSURANCE COMPANY

APPLICANT/CONTRACT OWNER INFORMATION

Owner's Name: _____

Owner's SSN: _____

Co-Owner's Name: _____

Co-Owner's SSN: _____

City and State Where
Application was Signed: _____

Owner/Applicant's
Signature: _____

REASON FOR EXCEPTION TO APPLICANT APPLYING IN STATE OF RESIDENCE

Please consider my attached application as a request for an exception to the requirement that the state of application and delivery be the same as the Applicant's state of primary residence, due to the reason checked below. I hereby acknowledge that I must make delivery in the state of application. (Select the applicable box below)

- ☐ The Applicant/Owner has a resident address in the state where the product is being solicited and the application was taken and signed. The policy will be delivered in the state where the sale occurred and the application was signed.
- ☐ The Applicant/Owner works or has a business address in the state where the product is being solicited and the application was taken and signed. The policy will be delivered in the state where the sale occurred and the application was signed.
- ☐ The undersigned producer maintains a permanent business office in the state in which the product is being solicited and the application was taken and signed. Specifically, my full permanent Business Address in the state of application is located at _____.
(Post Office Box address does not qualify) The policy will be delivered in the state where the sale occurred and the application was signed.

Non Resident Sales Acknowledgement Form

INSURER: FIDELITY & GUARANTY LIFE INSURANCE COMPANY

PRODUCER SIGNATURE (REQUIRED)

I hereby represent and warrant to the Company that the representations set forth herein are true and correct to the best of my knowledge. I also understand that any intentionally false statement made to the Company on this form or any other document related to the issuance of insurance products constitutes fraud and may subject me to criminal and/or civil liability.

→
Producer
Signature(s)

→
Permanent Business
Address

→
Date

→
City & State