



Home Office Address (no correspondence): 1209 Orange Street, Wilmington, DE 19801

Regular mail:

Bloom Insurance
P.O. Box 4365
Clinton, IA 52733-4365

Express mail only:

Bloom Insurance
ATTN: 4365 – Life & Annuity MR-1
1315 19th Ave NW, Clinton, IA 52732-2752

Bloom Prime Options

Application for Individual Variable Annuity

All sections are required unless otherwise indicated.

1. Annuitant Information

Annuitant will be the Owner unless the Owner Information section is completed.

| | | | |
|--------------------------------------------------------------------------------------------------------------|---------------|-----------------------------|----------------|
| First Name: | Sam | Date of Birth: | 01/01/2000 |
| Middle Name: | W | Country of Citizenship: | United States |
| Last Name: | Smith | Country of Legal Residency: | United States |
| Street Address: | 1234 Main St. | Relationship to Owner: | Self |
| City: | Anytown | Email Address: | Sam@SamSam.com |
| State: | SC | Zip: | 29410 |
| | | Phone Number: | (555) 333-1233 |
| Social Security Number: 555-11-4433 <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female | | | |

2. Owner Information

- Complete if the Owner is different than the Annuitant. Correspondence is sent to the Owner.
- If Owner is a Trust, complete the Trustee Certification form.
- Unless otherwise permitted by the Internal Revenue Code, the Owner and Annuitant of this Contract must be the same individual for all IRA plan types except IRAs held by a custodian.
- For Decedent IRA or Non-Qualified Decedent contracts, complete the applicable Inherited IRA or Inherited Non-Qualified Election form.

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-----------------------------|
| First/Entity Name: | Sam | |
| Middle Name: | W | Date of Birth/Trust: |
| Last Name: | Smith | 01/01/2000 |
| Street Address: | 1234 Main St | Country of Citizenship: |
| City: | Anytown | United States |
| State: | SC | Country of Legal Residency: |
| | Zip: 29410 | USA |
| | | Email Address: |
| | | Sam@SamSam.com |
| | | Phone Number: |
| Social Security Number/TIN: 555-11-4433 <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Entity | | |

3. Joint Owner Information (Optional)

Available for Non-Qualified contracts only.

| | | |
|---------------------------------------------------------------------------------------|------|-----------------------------|
| First Name: | | Date of Birth: |
| Middle Name: | | Country of Citizenship: |
| Last Name: | | Country of Legal Residency: |
| Street Address: | | Email Address: |
| City: | | Phone Number: |
| State: | | Phone Number: |
| | Zip: | |
| Social Security Number: <input type="checkbox"/> Male <input type="checkbox"/> Female | | |

4. Beneficiary Information

- The death benefit will be payable to your estate if no designated beneficiary survives you or if you do not name a beneficiary.
- If all Primary Beneficiaries predecease the Owner, then any surviving Contingent Beneficiaries listed below will be considered Primary Beneficiaries unless we are notified otherwise by the Owner.
- If Joint Owners are named, upon the death of either Joint Owner, the surviving Joint Owner will be the Primary Beneficiary.
- Either the relationship to Owner or Social Security Number must be provided for all beneficiaries named.
- If more than three beneficiaries are named, attach a signed and dated separate sheet.
- Primary and Contingent Beneficiary percentages must each add up to 100%.

☐ Divide proceeds equally among Primary Beneficiaries

☐ Divide proceeds equally among Contingent Beneficiaries

Beneficiary 1: ☒ Primary ☐ Contingent Percentage: 100 %

| | |
|--------------------------------------|--------------------------------------|
| First/Entity Name: <u>John Smith</u> | Street Address: <u>1234 Main St</u> |
| Middle Name: <u>Gaga</u> | City: <u>Anytown</u> |
| Last Name: <u>Smith</u> | State: <u>SC</u> Zip: <u>29410</u> |
| SSN/TIN: <u>333-44-1111</u> | Relationship to Owner: <u>Spouse</u> |
| Date of Birth/Trust: <u>7/1/2001</u> | Phone Number: <u>(414) 333-4422</u> |

Beneficiary 2: ☐ Primary ☒ Contingent Percentage: _____ %

| | |
|--------------------------------------|------------------------------|
| First/Entity Name: <u>Jake</u> | Street Address: _____ |
| Middle Name: <u>James</u> | City: _____ |
| Last Name: <u>John</u> | State: _____ Zip: _____ |
| SSN/TIN: <u>111-44-2276</u> | Relationship to Owner: _____ |
| Date of Birth/Trust: <u>3/7/1997</u> | Phone Number: _____ |

Beneficiary 3: ☐ Primary ☐ Contingent Percentage: _____ %

| | |
|----------------------------|------------------------------|
| First/Entity Name: _____ | Street Address: _____ |
| Middle Name: _____ | City: _____ |
| Last Name: _____ | State: _____ Zip: _____ |
| SSN/TIN: _____ | Relationship to Owner: _____ |
| Date of Birth/Trust: _____ | Phone Number: _____ |

5. Plan Type

Choose one of the following plan types.

- ☒ Non-Qualified ☐ Traditional IRA ☐ Roth IRA
☐ Non-Qualified Decedent ☐ Decedent Traditional IRA ☐ SEP IRA

6. Replacements

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

Will the proposed annuity replace, discontinue, or change any existing policy or contract? ☐ Yes ☒ No

If "Yes" to either, ensure that any applicable disclosure and replacement forms are attached.

Replacement includes any surrender, loan, withdrawal, lapse, reduction in or redirection of payments on an annuity or life insurance contract relating to this application.

7. Initial Purchase Payment

- Please provide the payment type for each incoming fund amount below and total them below.
- Please make any checks payable to Bloom Insurance Company.
- Tax year must be provided for IRA contributions.
- Estimate total amount for 1035 exchanges, transfers, and rollovers.
- Minimum total initial purchase payment amount: \$5,000 Non-Qualified, \$10,000 Qualified.

1) \$ 100,000 ☒ Payment/Contribution Tax Year: 2024 ☐ Transfer ☐ Rollover ☐ 1035 Exchange
2) \$ _____ ☐ Payment/Contribution Tax Year: _____ ☐ Transfer ☐ Rollover ☐ 1035 Exchange
3) \$ _____ ☐ Payment/Contribution Tax Year: _____ ☐ Transfer ☐ Rollover ☐ 1035 Exchange
4) \$ _____ ☐ Payment/Contribution Tax Year: _____ ☐ Transfer ☐ Rollover ☐ 1035 Exchange
\$ _____ **Total Initial Purchase Payment Amount**

8. Benefit Riders (Optional)

- Benefit riders may be subject to age restrictions and state availability. Other restrictions may apply.
- Optional riders are only available at application and once elected, may not be changed.
- Additional charges apply for optional riders.
- Living benefit riders are not available with Decedent contracts.
- FlexChoice Access Death Benefit is not available in Decedent/Stretch tax markets.

Living Benefit Riders (You may only choose one.)

Guaranteed Lifetime Withdrawal Benefit (FlexChoice Access (GLWB))

☐ FlexChoice Access Level ☐ FlexChoice Access Expedite

Lifetime Guaranteed Withdrawal Benefit (LWG)

☐ Single Life - LWG ☐ Joint Life - LWG

Death Benefit Riders (You may only choose one.)

- If you do not elect an optional Death Benefit rider, the Principal Protection option will be provided at no additional charge.

FlexChoice Access (GLWB) Death Benefit

☐ FlexChoice Access Death Benefit (Must also select a FlexChoice Access living benefit rider.)

Annual Step-Up Death Benefit

☐ Annual Step-Up

Additional Rider

☐ Earnings Preservation Benefit (EPB)* (Not available in WA.)

* Not available if a FlexChoice Access living benefit rider is elected.

9. Dollar Cost Averaging Programs (Optional)

- If you terminate the program, we will transfer remaining monies to Subaccounts per your chosen percentages.
- Transfers commence on the allocation date and monthly thereafter.
- The DCA program is not available if you selected FlexChoice Access Level or Expedite riders in section 8.
- Indicate source fund. Allocate a sufficient portion of your initial purchase payment to the source fund in section 10B.

☐ BlackRock Ultra-Short Term Bond Portfolio ☒ Fixed Account (Not available in OR, WA)

Periodic DCA transfers will be made to the investment portfolios in the amounts listed below:

- ☐ \$ _____ per month until the account is depleted, or
- ☐ \$ _____ per month for: ☐ 12 ☐ 24 ☐ 36 ☐ 48 ☐ 60 ☐ Other _____ months

10. Purchase Payment Allocation

- Complete Section 10A if a FlexChoice Access rider is elected; otherwise complete Section 10B.
- Subsequent purchase payments will be directed to the allocations below unless otherwise directed.
- Risk Managed Global Multi-Asset Portfolios (noted with "**") are designed to reduce volatility of returns.

► Section 10A – Complete only if a FlexChoice Access Rider is elected.

- Complete either Option A or Option B. If Option B is selected, quarterly rebalancing occurs automatically.

Allocate your purchase payments to these portfolios.

Asset Allocation Portfolios

American Funds® Balanced Allocation Portfolio _____ %
American Funds® Moderate Allocation Portfolio _____ %
Bloom Asset Allocation 20 Portfolio _____ %
Bloom Asset Allocation 40 Portfolio _____ %
Bloom Asset Allocation 60 Portfolio _____ %
SSGA Growth and Income ETF Portfolio _____ %

Additional Investment Options

AB Global Dynamic Allocation Portfolio* _____ %
BlackRock Global Allocation V.I. Fund _____ %
BlackRock Global Tactical Strategies Portfolio* _____ %
Bloom Balanced Plus Portfolio* _____ %
Franklin Income VIP Fund _____ %
Invesco Balanced-Risk Allocation Portfolio* _____ %
JPMorgan Global Active Allocation Portfolio* _____ %
Loomis Sayles Global Allocation Portfolio _____ %
MetLife Multi-Index Targeted Risk Portfolio* _____ %
PanAgora Global Diversified Risk Portfolio* _____ %
Schroders Global Multi-Asset Portfolio* _____ %

Option A Total: _____ % (Must equal 100%)

**Risk Managed Global Multi-Asset Portfolio*

10. Rebalancing Program (Optional)

- The Rebalancing Program is only available if more than one portfolio is selected.
- Do not complete this section if you selected Option B in Section 10A. Rebalancing will occur automatically.

When checked below, I authorize Bloom Insurance to automatically rebalance my investment portfolios to the allocation percentage levels selected in Section 10A Option A or Section 10B, or as I may otherwise direct by Notice to Bloom Insurance.

Frequency: ☐ Monthly ☐ Quarterly ☐ Semi-annually ☐ Annually

If the rebalancing transfer date is the 29th, 30th, or 31st, transfers will occur on the first day of the next month. If the transfer date falls on a weekend or holiday, the transfer will occur on the next business day. DCA transfers and Rebalancing transfers are available simultaneously if the DCA source is the fixed account. Termination or modification of this program must be by Notice to Bloom Insurance. This program will be terminated upon notice to Bloom Insurance of your death.

11. Client Acknowledgements and Signature(s)

Notice to Applicant(s): Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

By signing below, I acknowledge the following:

- I have read and understand the information above.
- All information and statements made on all pages of this application are true and correct to the best of my knowledge.
- I acknowledge receipt of the current Bloom Prime Options prospectus.
- I have read the Notice to Applicant(s) above.
- I have received the Bloom Insurance Customer Privacy Notice.
- By signing below, I acknowledge receipt of the Variable Annuity Disclosure Document, if applicable in my state.
- If this contract is being purchased with monies from an existing Bloom Insurance Contract, then I have received the Internal Annuity Transfer Disclosure.
- I understand that there is no additional tax benefit obtained by funding an IRA with an annuity.
- I understand that Bloom Insurance does not guarantee the tax consequences of the annuity, and I should consult with my own tax advisor prior to the purchase.
- I acknowledge that: (i) if the FlexChoice Access death benefit is elected, it is only available with the corresponding living benefit rider; (ii) other death benefit options are available; (iii) the combined cost is greater than either individually; (iv) once lifetime payments begin or the contract is annuitized, the death benefit will no longer be in effect.
- If I elected a FlexChoice Access rider, I confirm receipt of the "FlexChoice Access – GLWB Rider Disclosure" form.
- For Pennsylvania residents only: I confirm receipt of the PA GLWB Supplemental Application form, if applicable.

PAYMENTS AND VALUES PROVIDED BY THE CONTRACT FOR WHICH APPLICATION IS MADE ARE VARIABLE AND ARE NOT GUARANTEED AS TO DOLLAR AMOUNT.

U.S. Tax Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number; and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person; and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification Instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding. "U.S. citizen" and "U.S. person" are as defined in IRS Form W-9. If you are not a U.S. person for tax purposes, please cross out item 3 and complete IRS Form W-8BEN. Item number 4, FATCA Code: N/A (No FATCA Code Applicable).

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature and Title of Owner* (Annuitant unless otherwise noted):



Date signed:

2/10/2024

Signature of Joint Owner:

Date signed:

Signature of Annuitant (if different than the Owner):

Date signed:

**If the Owner is an entity, print the name of the Owner representatives and have one or more sign.*

State where application is signed:

(If state of signing is different than the Owner's residence state, the Nexus form is required.)

12. Representative Acknowledgements and Signature

By signing below, I certify that:

- All information provided by the applicant has been truly and accurately recorded.
- All answers are correct to the best of my knowledge.
- I have provided the applicant(s) with the Bloom Insurance Consumer Privacy Notice prior to or at the time of application.
- If this new contract is being purchased with monies from an existing Bloom Insurance Contract, then I have provided the Internal Annuity Transfer Disclosure.
- I have provided the applicant(s) with the current Bloom Prime Options prospectus.
- I have provided the Variable Annuity Disclosure Document, if applicable.
- I have provided the "FlexChoice Access – GLWB Rider Disclosure" form, if applicable.
- Pennsylvania only: I have provided the PA GLWB Supplemental application form, if applicable.

Does the applicant have any existing life insurance policies or annuity contracts? ☐ Yes ☐ No

Will the proposed annuity replace, discontinue, or change any existing policy or contract? ☐ Yes ☐ No

If "Yes" to either, ensure that any applicable disclosure and replacement forms are attached.

Primary Representative:

| | |
|---------------------------------------------------------|-----------------------------------------------|
| First Name: <u>Mary</u> | National Producer Number (NPN): <u>1234</u> |
| Middle Name: <u>Ann</u> | State License I.D. Number: <u>860 PP 4401</u> |
| Last Name: <u>Blase</u> | Client Account Number: <u>44322767</u> |
| Name of Firm: <u>Blase Investments</u> | Commission Percentage: <u>3</u> % |
| Business Phone: <u>(515) 776-1111</u> | |
| Signature of Primary Representative: <u>[Signature]</u> | Date signed: <u>2/12/2024</u> |

Additional Representative(s)

| Representative Name: | NPN: | Commission %: |
|----------------------|-------|---------------|
| 1) _____ | _____ | _____ % |
| 2) _____ | _____ | _____ % |
| 3) _____ | _____ | _____ % |