A blue and white logo

Description automatically generated

APPLICATION FOR INDIVIDUAL SINGLE PREMIUM DEFERRED ANNUITY

WITH INDEX-LINKED OPTIONS

ManhattanLife of America Insurance Company (the “Company”)

Home Office Address: [10777 Northwest Freeway, Houston, TX 77092]

**1. [Product:** \_\_\_\_\_\_\_\_\_\_\_\_\_]

**[Jurisdiction:** \_\_\_\_\_\_\_\_\_\_\_] **Term Selection:** [ 10 Years]

**Type of Ownership**

 Natural Person [  Joint] [ Trust] [ Corporation- State or County of Incorporation: \_\_\_\_\_\_\_\_\_\_\_]

[  Other Entity \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ]

**Plan Type** [Please select your new plan type]

[  Nonqualified] [Qualified:  IRA  Roth IRA  Inherited IRA  Inherited Roth IRA  SEP IRA  SIMPLE IRA

Qualified Plan Sub: None  Inherited  Spousal]

[Account Designation:  None  Custodial  Trust  UGMA/UTMA ]

**[Riders**

No-Cap Indexed Interest Option Rider  Cap Indexed Option Rider  Guaranteed Lifetime Withdrawal Benefit Rider



Interest-Only Withdrawal Rider  Market Value Adjustment Rider  Free Partial Surrender Rider



Waiver of Surrender Charge for Nursing Home Confinement Rider  Premium Bonus Credit Rider



Waiver of Surrender Charge for Terminal Condition Rider ]



**Premium Allocation** Whole percentages only. Combined total of the fixed Account and all Index Options must equal 100%.

[Fixed Account: \_\_\_\_\_\_% ]

Index Options:

[ \_\_\_\_\_\_% S&P 500 Index 1 Year Point-to-Point w/ Cap

\_\_\_\_\_\_% S&P 500 Index 1 Year Point-to-Point w/ Par

\_\_\_\_\_\_% Marc 5 Index 1 Year Point-to-Point w/ Par

\_\_\_\_\_\_% Dynamic Interday Index 1 Year Point-to-Point w/ Par]

Index Options: \_\_\_\_\_\_%

TOTAL: \_\_\_\_\_\_\_%

**2. Owner Information**

[You will receive all correspondence at the mailing address.]

Is the Owner a U.S. Citizen or a Resident Alien?:  Yes  No

Date of Birth/Formation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender:  Male  Female  SSN  EIN/TIN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Prefix \_\_\_\_\_ ] First Name, Middle Name, Last Name and Suffix \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[(enter Trust, Corporation or Other Entity name if owner is not a natural person)]

[Marital Status:  Married  Single  Divorced  Separated  Widowed]

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is Mailing Address same as the Address?:  Yes  No

If No:

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**[Joint Owner** (Optional)

Is the Joint Owner a U.S. Citizen or a Resident Alien?:  Yes  No

[Relationship to Owner:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_]

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender:  Male  Female SSN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Prefix \_\_\_\_\_] First Name, Middle Name, Last Name and Suffix \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Marital Status:  Married  Single  Divorced  Separated  Widowed ]

Is Mailing Address same as the Address?:  Yes  No

If No:

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_]

**Annuitant** Complete only if different from Owner.

[Is the annuitant the Owner, the Joint Owner or Other?:  Owner  Joint Owner  Other ]

Is the Annuitant a U.S. Citizen or a Resident Alien?:  Yes  No

Relationship to Owner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender:  Male  Female SSN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Prefix \_\_\_\_\_] First Name, Middle Name, Last Name and Suffix \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Marital Status:  Married  Single  Divorced  Separated  Widowed ]

Is Mailing Address same as the Address?:  Yes  No

If No:

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**[Joint Annuitant** (Optional)

[Is the Joint Annuitant the Owner, the Joint Owner or Other?:  Owner  Joint Owner  Other ]

Is the Joint Annuitant a U.S. Citizen or a Resident Alien?:  Yes  No

Relationship to Owner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender:  Male  Female SSN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Prefix \_\_\_\_\_] First Name, Middle Name, Last Name and Suffix \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Marital Status:  Married  Single  Divorced  Separated  Widowed ]

Is Mailing Address same as the Address?:  Yes  No

If No:

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_]

**3. Beneficiary(ies)**

[Total Percentage for all Primary Beneficiaries must equal 100% and Contingent Beneficiaries must also sum to 100%].[ Express the percentage in whole numbers. If the owner is a Trust or is custodially held, the Owner must be the primary beneficiary.]

**Primary Beneficiary**

[Prefix \_\_\_\_\_ ] First Name, Middle Name, Last Name and Suffix \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[(enter Trust, Corporation or Other Entity name if owner is not a natural person)]

Date of Birth/Formation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_  SSN  EIN/TIN \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Owner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Percentage \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_%

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**[Type of Beneficiary:**  Primary  Contingent

[Prefix \_\_\_\_\_ ] First Name, Middle Name, Last Name and Suffix \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[(enter Trust, Corporation or Other Entity name if owner is not a natural person)]

Date of Birth/Formation Date: \_\_\_\_\_\_\_\_\_\_\_  SSN  EIN/TIN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Owner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Percentage \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_%

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_]

**[Type of Beneficiary:**  Primary  Contingent

[Prefix \_\_\_\_\_ ] First Name, Middle Name, Last Name and Suffix \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[(enter Trust, Corporation or Other Entity name if owner is not a natural person)]

Date of Birth/Formation Date: \_\_\_\_\_\_\_\_\_\_\_\_  SSN  EIN/TIN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Owner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Percentage \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_%

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_]

**4. Funding Indicate the type and amount of initial estimated payment(s):**

How will the annuity be funded? Select one or more funding type(s):

[Qualified Non-Qualified\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ Transfer].………………….…...…[$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_]

[ Indirect Rollover]..…………….…[$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_] [ 1035 Exchange] . . . . . . . . . . . . . . . . .$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ Direct Rollover]……………….....[$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_] [ Amount Enclosed] . . . . . . . . . . . . . . .$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ Contribution]………………….….[$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_] [ Non-Qualified

[Current Year: $\_\_\_\_\_\_\_\_\_\_\_ Transfer of Assets]. . . . . . . . . . . . . . . . . [$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_]

Prior Year: $\_\_\_\_\_\_\_\_\_\_\_]

**Total Premium**………………………..$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_]

**5. Replacements**

Do you have any existing life insurance policies or annuity contracts with us or any other company?  Yes  No

Will this annuity replace or change any existing life insurance policies or annuity contracts you have in force with us or any other company?  Yes  No

**OWNER STATEMENT**

In the Statement that follows, references to “I” and “My” include the Owner as well as the Joint Owner, if any and both parties have signed. By signing below, I acknowledge and attest that:

To the best of my knowledge and belief, the information I have provided regarding my financial status, tax status, financial objectives, identification information, and any other information requested by my agent is complete and accurate.

Neither the Company nor its representatives have offered legal or tax advice. I have been advised to consult my own attorney or tax advisor on any tax matters. I understand that any withdrawals taken from the annuity may result in a taxable event.

I believe the annuity I am applying for is suitable and effectively addresses my financial situation, insurance needs, and financial objectives.

I confirm that my agent has informed me of the features of the annuity, and I have discussed and considered the advantages and disadvantages of this annuity. Based on that information, I believe I would benefit from those features and from the annuity as a whole, including if I am replacing an existing annuity or life policy.

I understand and accept that I could lose some of my principal if I surrender the annuity I am purchasing during the withdrawal charge period. I understand and accept that my interest credits may fluctuate, if applicable to the annuity I have applied for. I acknowledge and agree that the annuity I am applying for is a long-term contract that will have a withdrawal charge on any withdrawals in excess of the free withdrawal amount during the withdrawal charge period, subject to the contract and any attached riders. I have read and understand the above statements.

Select as many of the following that apply:

☐My annuity purchase **is based** on the recommendation of my agent.

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

☐I **REFUSE** to provide the information at this time.

Dated at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ On this Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City State

**X**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Owner/Trustee 1/Officer 1 Printed Name Here

[Dated at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ On this Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City State

**X**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Owner/Trustee 1/Officer 1 Printed Name Here

**AGENT STATEMENT**

Will you be submitting supplemental suitability information? ☐ Yes ☐ No

**By signing below, I acknowledge and attest that:**

* I verified the identity of the owner(s) and believe the information provided is true and accurate.
* I made a reasonable effort to obtain information from the owner(s) concerning financial status, insurance needs, financial objectives, and other required or appropriate information.
* To the best of my knowledge, the information on the form is true and complete, and was obtained prior to the annuity purchase.
* The annuity purchase is not intended to affect eligibility for means-tested government benefits, including Medicaid, or the Veterans Aid and Attendance benefit.
* Based on the information provided by the owner(s) and all known circumstances, I believe the annuity and any exchange or replacement of an existing annuity or life policy meet the applicable “best interest” standard of care.
* I have communicated the basis of my recommendation to the owner(s).
* I have considered and discussed with the owner(s) the advantages and disadvantages of the annuity and the transaction as a whole.
* I believe the owner(s) have been informed of the annuity's various features.
* I have complied with the applicable “best interest” standards of care, including care, disclosure, conflict of interest, and documentation obligations.
* I agree to maintain records of the information collected, my recommendation, and its basis, consistent with the applicable “best interest” standard of care, my contractual obligations, and the Company’s policies and procedures. I understand that any reproduction of the actual document may be used to maintain such records. I agree to make these records available for review upon request by the Company or any regulatory body.
* I have provided the owner(s) with a completed Insurance Agent (Producer) Disclosure for Annuities document in the form of Appendix A to the NAIC’s Suitability in Annuity Transactions Model Regulation.

**X**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agent Signature Date *(MM/DD/YYYY)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ]

Agent Printed Name

**6. [Additional Information]**

**7. Fraud Notice**

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.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**8. Acknowledgment**

1. I (We) hereby represent to the best of my (our) knowledge and belief that each of the statements and answers contained above are full, complete, and true.
2. I (We) certify that the Social Security or Employer Identification Number(s) shown above is (are) correct.
3. All statements and descriptions in this application are considered representations and not warranties. This application becomes part of the policy to which it is attached.
4. I (We) understand and acknowledge that insurance policies and annuities are not a deposit or other obligation of, or guaranteed by a bank, any affiliate of a bank, or savings association, and are not insured by the Federal Deposit Insurance Corporation (FDIC) or any other agency of the United States, a bank, any affiliate of a bank, or savings association.
5. **Index Annuity**: I (We) acknowledge that I am (we are) applying for a single premium deferred annuity with an index-linked interest option. I (We) understand that while the values of the policy may be affected by an external index, the policy does not directly participate in any stock or equity investments. Further, I (we) understand that any values shown, other than guaranteed minimum values, are not guarantees, promises or warranties.

[e. **Market Value Adjustment:** I (We) acknowledge that I am (we are) applying for a single premium deferred annuity with a market value adjustment feature. I (We) understand that surrender values may increase or decrease based on a market value adjustment during the surrender charge period specified in the policy.]

Dated at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ On this Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City State

**X**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Owner/Trustee 1/Officer 1

Dated at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ On this Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City State

**X**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Joint Owner/Trustee 2/Officer 2

**X**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **X**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Annuitant if other than Owner or Joint Owner Signature of Joint Annuitant if other than Owner or Joint Owner

**9. Agent Disclosures & Acknowledgements**

Nature of Relationship with Applicant:  Friend  Relative  Referred Lead  Cold Call

 Business Acquaintance  Client  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Length of Relationship with Applicant (Years) \_\_\_\_\_\_\_\_ (Months)\_\_\_\_\_\_\_\_\_\_

Level of Acquaintance:  First Contact  Few Meetings/Contacts  Client for Less Than a Year  Client for More Than a Year

Reason for Recommending the Product:  Growth (Long-Term)  Capital Preservation

**I certify to the best of my knowledge:**

a. Does the applicant have any existing insurance or annuities? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  Yes  No

b. Will the life insurance or annuity applied for in this application change or replace any existing insurance or annuity?  Yes  No

*If “Yes” to either a. or b. above, complete a Replacement Notice if required by state law.*

c. I gave the applicant a copy of all sales materials used in the sale of the insurance or annuity applied for,

as Mandatory by applicable law. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  Yes  No

d. I have made a reasonable effort to obtain information from applicant(s) on their financial status, investment

objectives and other related information. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  Yes  No

e. I believe based on the information the applicant(s) provided ad all the circumstances known to me at the time

of purchase that the product recommendation is well grounded . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  Yes  No

f. I certify the information provided by the Owner(s)/Applicant(s) has been accurately recorded . . . . . . . . . . . . . . . . . .  Yes  No

g. Did you see the Owner/Applicant at the time of application completion?. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  Yes  No

h. Do you have any other existing life insurance policies or contracts? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  Yes  No

i. Will this contract replace or change any of your existing life insurance policies or annuities?. . . . . . . . . . . . . . . . . . . .  Yes  No

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Signature of Producer Date

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Print Name Here Producer No. % Split

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Signature of Producer Date

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Signature of Producer Date

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Print Name Here Producer No. % Split

**[Commission Type**

 Commission Option 1  Commission Option 2  Commission Option 3 ]