

Client's Name: _____

Client's SSN: _____

As a producer contracted with Atlantic Coast Life Insurance Company, I understand I am a fiduciary, and that I shall comply with the requirements of the U.S. Department of Labor Fiduciary Rule Prohibited Transaction Exemption 84-24 ("PTE 84-24") in order to receive commissions on qualified fixed and fixed index annuity business. Accordingly, I acknowledge the following for this transaction:

Atlantic Coast Life is not a fiduciary, or acting as a financial institution.

I am compliant with PTE 84-24, as applicable, including the following:

I have acted in the "Best Interest", within the meaning of PTE 84-24, of the client in making this recommendation.

I have not made any misleading statements to the client.

I have disclosed any material conflicts of interest to the client.

I have disclosed my commission, including other forms of compensation, to be received from this transaction to the client.

I have provided to the client a description of all charges associated with the annuity contract, including surrender charges and rider fees.

I have received the client's written acknowledgment of receipt of the required disclosures using a form that is substantially similar to the sample provided by Atlantic Coast Life.

I will retain the required documentation of this transaction for at least six years.

Producer Signature: _____

Producer Name: _____

(Print)

Producer Number: _____

Date: _____

FOR QUALIFIED ANNUITY BUSINESS ONLY RETURN TO HOME OFFICE FOR ALL QUALIFIED ANNUITY SALES

Administrative Office • P.O. Box 27248, Salt Lake City, UT 84127-0248 • Toll Free 800-247-1423 • Fax 888-433-4795