



Atlantic Coast Life Insurance Company

Safe Harbor & Safe Haven Bonus Guarantee Annuities

Annuities:

3 Year Annuity

5 Year Annuity

6 Year Annuity

7 Year Annuity

10 Year Annuity

20 Year Annuity

Optional Riders: *(available on annuities)*

- *Death Benefit Feature*
 - *Preferred 10% Free Withdrawal*
 - *Accumulated Interest Withdrawal*
-

ATLANTIC COAST LIFE INSURANCE COMPANY
ADMINISTRATIVE OFFICE
PO BOX 27248, SALT LAKE CITY, UT 84127-0248
STATE OF DOMICILE: SOUTH CAROLINA

Agent checklist for completing the Atlantic Coast Life Insurance Company Annuity Application

This packet contains the following forms for an Atlantic Coast Life Insurance Company Annuity application. Please review the information carefully and complete all applicable forms:

- Annuity Application** (ACLANAP-TX 10/2022) – Complete all applicable sections and sign where indicated.
- Annuity Suitability Questionnaire** (ACLAN-SQ-OT 03/2022) – This form is required with all applications. It must be completed by the agent and signed by the agent and owner(s). Return this form to the Home Office with the application. Note: Always complete the information for the owner, and joint owner if applicable. All pages of this Suitability Questionnaire need to be signed or initialed by the owner(s), and page 2 of 3 must be signed by the agent.
- Client Suitability Letter** (ACLAN-SLTR-OT 03/2022) – This form is required only if the owner(s) check “I **REFUSE** to provide this information at this time” or “I have chosen to provide **LIMITED** information at this time” on the Annuity Suitability Questionnaire and has an issue age of 80 or older. This form must be completed and signed by the owner(s). Return this form to the Home Office with the application.
- Agent Disclosure** (ACLAN-AGDISCL-OT 03/2022) – This form is required with all applications and must be completed and signed by the owner(s) and the agent and returned to the Home Office with the application.
- Policy Owner Identification Verification** (ACLAN-PIV-OT 03/2022) – This form is required with all applications and must be completed and signed by the agent. Return this form to the Home Office with the application.
- Community Property States Spousal Existence/Beneficiary Designation Consent Form** (ACLAN-COMMPROPST-OT 03/2022) Spousal consent and signature on this form is required with the application if the client’s spouse is not the sole primary beneficiary and the owner resides in a community property state (**AZ, CA, ID, LA, NV, NM, TX, WA, WI**).
- Required Minimum Distribution Disclosure** (ACLAN-RMDDISC-OT 01/2023) – This form is required only if the owner reached age 72 before December 31, 2022 or will reach age 73 during the guarantee period and has not elected to add the Required Minimum Distribution Rider. It must be signed by the owner and returned to the Home Office with the application.
- IRA Rollover Certification Form** (ACLAN-RO-OT 03/2022) – Complete this form if the annuity will be rolled over from another tax qualified retirement plan. This form must be signed by the owner and returned to the Home Office with the application.
- 1035 Exchange Request Form/Direct Custodial Transfer Request** (ACLAN1035-OT Rev 01/2023) – Complete the applicable section of this form if the annuity will be funded with a transfer or 1035 Exchange. The 1035 Exchange section is used for non-qualified funds that are currently in an annuity or life insurance policy. The Direct Custodial Transfer side is used for all other transfers including all qualified transfers and non-qualified funds coming from a policy that is not an annuity or life insurance. This form must be signed by the owner(s) and returned to the Home Office with the application. If the application is faxed the original signed Transfer Request form must be mailed to the Home Office separately.
- Important Notice: Replacement of Life Insurance or Annuities** (ACLREP 10/14/15) – If there is a replacement involved with the application, both copies of the Replacement Notice must be signed by the owner(s) and agent. One copy should be left with the applicant and the other returned to the Home Office with the application.
- Non-Resident Verification Form** (ACLAN-NRV-OT 03/2022) – This form is required only if the application is signed in a state other than the owner(s) Resident State. This form must be completed by the owner(s) and signed by the owner(s) and agent. Return this form to the Home Office with the application.
- Trustee Certification of Trust** (ACLAN-CERTTRUST-OT 03/2022) – This form is required only if the contract owner will be a trust. This form must be completed and signed by all trustees and returned to the Home Office with the application.
- Trust and Other Non-Natural Owner 72(u) Tax Deferred Treatment Certification Form** (ACLAN-72(u) 12/2018) – This form is required only if the owner(s) is a non-natural owner and entitled to the tax-deferral exception, as defined on the form. It must be signed by the trustee(s) or corporate officer(s), whichever is applicable, and returned to the Home Office with the application in order to qualify for tax deferred status.
- Inherited IRA** (ACLANIIE 03/2022) - If the owner is an Inherited IRA this form will be required to be completed and returned the home office. This form is to be signed by the client who has Inherited the IRA
- Applicants Statement Qualified Retirement Plans** (ACLAN-APP-STMT-OT 03/2022) – This form is required if the annuity contract will be issued in connection with a retirement plan. It must be signed by the trustee(s) and agent and returned to the Home Office.
- Accumulated Interest Withdrawal Form** (ACLAN-AIW 04/2023) – This form is required in order to begin Accumulated Interest Withdrawal distributions with the Accumulated Interest Withdrawal Rider. This form must be completed and signed by the owner. Return this form to the Home Office. **If selecting a Settlement Option form W-4P/OMB No. 10225T is required with the withdrawal form. If selecting an Eligible Rollover Distribution, RMD, or a One-Time Withdrawal form W-4R/OMB No. 75085T is required with the withdrawal form.**
- IRA 72 Required Minimum Distribution Election** (ACLAN-RMD-OT 04/2023)– This form is required in order to begin Required Minimum Distribution (RMD) payments with the Required Minimum Distribution Rider or the Preferred 10% Free Withdrawal Rider. RMD payments may begin in year one with the Required Minimum Distribution Rider and year two with the 10% Free Withdrawal Rider. This form must be completed and signed by owner. Return this form to the Home Office. **If selecting a Settlement Option form W-4P/OMB No. 10225T is required with the RMD form. If selecting an Eligible Rollover Distribution, RMD, or a One-Time Withdrawal form W-4R/OMB No. 75085T is required with the RMD form.**
- Annuity Disclosure Statement** (ACLAN-DISC-TX Rev 101022) – The information in the Disclosure statement must be covered with the owner(s) by the agent and a copy must be left with the owner(s).

Mailing Address

Administrative Office
PO Box 27248
Salt Lake City, UT 84127-0248

Original check and transfer form must be mailed.

Physical Address

Administrative Office
1405 W 2200 S
Salt Lake City, UT 84119

Phone/Business Fax/Alternate Fax

Main Telephone: 844-442-3847
Business Fax: 888-433-4795

**APPLICATION SINGLE
PREMIUM DEFERRED
ANNUITY**
Print - Use Black Ink



ATLANTIC COAST LIFE INSURANCE COMPANY
Administrative Office
1405 West 2200 South, Salt Lake City, UT 84119

Home Office Use Only

| | | | | | | |
|---|---|--|------------|--|-------------|-----------------------|
| Annuity Applied For | Guarantee Period: <input type="checkbox"/> 3 Year <input type="checkbox"/> 5 Year <input type="checkbox"/> 6 Year <input type="checkbox"/> 7 Year <input type="checkbox"/> 10 Year <input type="checkbox"/> 20 Year | | | | | |
| | Purchase Premium Payment \$ | | | | | |
| Annuitant | Last Name | | First Name | | Middle Name | |
| | Street Address | | | City | State | Zip |
| | Date of Birth (MM/DD/YYYY) | | Age | Sex <input type="checkbox"/> Male <input type="checkbox"/> Female | | |
| | SSN | | Telephone | Email Address | | |
| Joint Annuitant <i>(if applicable)</i> | Last Name | | First Name | | Middle Name | |
| | Street Address | | | City | State | Zip |
| | Date of Birth (MM/DD/YYYY) | | Age | Sex <input type="checkbox"/> Male <input type="checkbox"/> Female | | |
| | SSN | | Telephone | Email Address | | |
| Owner <i>(if other than annuitant)</i> | Last Name | | First Name | | Middle Name | |
| | Street Address | | | City | State | Zip |
| | Date of Birth (MM/DD/YYYY) | | Age | Sex <input type="checkbox"/> Male <input type="checkbox"/> Female | | |
| | SSN | | Telephone | Email Address | | |
| Joint Owner <i>(if other than joint annuitant)</i> | Last Name | | First Name | | Middle Name | |
| | Street Address | | | City | State | Zip |
| | Date of Birth (MM/DD/YYYY) | | Age | Sex <input type="checkbox"/> Male <input type="checkbox"/> Female | | |
| | SSN | | Telephone | Email Address | | |
| Beneficiary(s) <i>(Attach signed & dated sheet if multiple)</i> | Primary / Contingent Beneficiary (<i>circle one</i>) | | % Share | Date of Birth | SSN | Relationship to Owner |
| | Address | | | | | Telephone |
| | Primary / Contingent Beneficiary (<i>circle one</i>) | | % Share | Date of Birth | SSN | Relationship to Owner |
| | Address | | | | | Telephone |

OPTIONAL RIDERS – ALL APPLICANTS MUST COMPLETE THE FOLLOWING SECTIONS

The annuity you are purchasing allows you the flexibility to choose certain beneficial features that will meet your financial objectives. Please carefully review each of the optional riders below to determine which, if any, you would like to add.

PLEASE CHOOSE CAREFULLY: Your rider choices will become a permanent part of your contract.

You may indicate your choice to select each optional rider by checking the appropriate box next to that rider. You may choose to decline all optional riders by checking the box immediately below marked "NONE."

NONE. I have read and understand each of the optional riders below, and I wish to decline all optional riders.

I select the following riders:

Death Benefit Equal to Contract Value Rider

This rider ensures that upon the death of the Annuitant, the death benefit paid will be equal to the Total Contract Value, and any Withdrawal, Surrender Charge, or Market Value Adjustment will be waived.

Penalty-Free Withdrawal Option Riders (available for Compound Interest only)

Preferred 10% Free Withdrawal Rider

Beginning in the second contract year, this rider allows you to withdraw in a contract year, without Surrender Charge or Market Value Adjustment applied to your first withdrawal, up to 10% of your Contract Value (on a non-cumulative basis) or your Required Minimum Distribution. You will not be entitled to a 10% free withdrawal on full surrenders.

Accumulated Interest Withdrawal Rider

Beginning in the first contract year, this rider allows you, during the Surrender Charge Period, to withdraw accumulated interest without Surrender Charge or Market Value Adjustment applied.

INTEREST – ALL APPLICANTS MUST COMPLETE THIS SECTION

I select the following Atlantic Coast Life Insurance Company Product:

Safe Harbor Bonus Guarantee (Simple Interest)

I understand that interest will be calculated daily on the Initial Purchase Premium, less withdrawals that exceed the cumulative amount of interest credited. For subsequent guarantee periods interest will be calculated daily on the Contract Value at the date of renewal, less future withdrawals that exceed the cumulative amount of interest credited.

_____ Initial

Safe Haven Bonus Guarantee (Compound Interest)

I understand that interest will be calculated daily on the prior days Contract Value for the initial and subsequent guarantee issue periods.

_____ Initial

I have read and understand the provisions of each of the optional riders described above prior to signing this application. I understand that this is only a brief description of each rider.

Annuitant / Owner Signature

Date

Joint Annuitant / Owner Signature (if applicable)

Date

Check One:

Non-Qualified *Tax Qualified Plan

*If Tax Qualified Plan, this section must be completed.

Check One:

IRA Roth IRA SEP IRA Simple IRA Other

Source of Funds:

New Money
 1035 Exchange
 Qualified / Non-Qualified Transfer
 Rollover

If other than New Money, complete applicable form.

Producer Notes

List producer notes here

CHECKS MUST BE MADE PAYABLE TO ATLANTIC COAST LIFE INSURANCE COMPANY

Owners Signature - (All appropriate boxes must be checked or application will be deemed incomplete.)

Do you have any existing life insurance or annuity contracts? Yes No
 Will this proposed contract replace any existing life insurance or annuity contract? Yes No
 (If yes, please complete and sign the appropriate replacement form for your state.)

By signing below:

I acknowledge and understand that annuities purchased with qualified funds are subject to the Required Minimum Distribution ("RMD") Rules. If I turn 70 ½ during this calendar year or am currently taking Required Minimum Distributions, I understand that the RMD must be withdrawn before transferring funds. **I further understand that if an RMD is taken from this contract and the Preferred 10% Free Withdrawal Rider is not selected at the time of issue, withdrawal charges will apply.**

I believe this to be a suitable purchase for my financial status. Any applicable surrender, withdrawal and market value adjustment provisions have been explained to me. I understand that there are no free withdrawals with the base contract purchase unless a free withdrawal rider is selected at the time of application.

I agree to all terms and conditions as shown, and have read and understand all of the statements made above. I agree that this application will be made part of the annuity contract, and all statements made in this application are true to the best of my knowledge and belief.

I understand that amounts payable under the contract may be subject to a market value adjustment prior to a date specified in the contract.

| | | |
|-----------------------------|---|------|
| Annuitant / Owner Signature | Joint Annuitant / Joint Owner Signature (if applicable) | Date |
|-----------------------------|---|------|

| | | |
|------------------|---------|-------|
| Signed At (City) | (State) | (Zip) |
|------------------|---------|-------|

Producer Signature – (All appropriate boxes must be checked or application will be deemed incomplete)

Advertising:

Did you use any sales materials? Yes No
 If yes, did you use any Company approved sales materials? Yes No N/A
 If yes, did you leave a copy with the client? Yes No N/A

Replacement:

Does the proposed client have any existing life insurance or annuity contracts? Yes No
 Will the proposed contract replace any existing life insurance or annuity contract? Yes No N/A
 (If yes, please complete and sign the appropriate replacement form for your state.)

By signing below, I hereby certify, to the best of my knowledge and belief, that all information in this application is true and accurate. I further certify that I have explained any applicable surrender charges, withdrawal and market value adjustment provisions contained in this annuity contract and I have fully and accurately disclosed all of the terms and conditions, including the interest rate structure of the annuity contract to the applicant. I also certify that this annuity is suitable for the applicant, based upon the applicant's disclosure.

| | | |
|-------------------------|-----------------|------------------------------|
| Producer Name (Printed) | Producer Number | State Number (if applicable) |
| Telephone | Email | Agency Name (if applicable) |
| Producer Signature | Date | |

IF JOINT CASE

| | | |
|-------------------------|-----------------|--|
| Producer Name (Printed) | Producer Number | State Number (if applicable) |
| Telephone | Email | Agency Name (if applicable) Split % |
| Producer Signature | Date | |

Fraud Notice: Any person, who knowingly and with intent to defraud any insurance company or other person, files an application for insurance on statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.



ANNUITY SUITABILITY QUESTIONNAIRE

Do Not Sign Unless You have Read and Understand the Information in this Form.

Owner: Last _____ First _____ Middle _____

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

Entity: _____

Tax Status: _____ Relationship to Annuitant(s): _____

Form of Ownership: _____

Supporting documents (list): _____

| | |
|--|--------|
| Annual Income: | |
| Source of Income: | |
| Annual Household Income: | |
| Existing Assets: | |
| Existing Liquid Net Worth: | |
| Do you currently own any annuities? Please list: | Yes No |
| Do you currently own life insurance? Please list: | Yes No |
| Does your income cover all of your living expenses including medical? | Yes No |
| Do you expect changes to your living expenses? | Yes No |
| Do you anticipate changes in your out-of-pocket medical expenses? | Yes No |
| Is your income sufficient to cover future changes in your living and/or out-of-pocket medical expenses during the surrender charge period? | Yes No |
| Do you have an emergency fund for unexpected expenses? | Yes No |

Why are you purchasing this annuity? _____

What are your financial objectives for this purchase? (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 many years from today will you need access to your funds without a penalty? _____

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 \$ _____

Owner Initials

Date Signed

Joint - Owner Initials

Date Signed

Additional Information:

Note: The following three sections to be completed by the agent, insurer or Managing General Agent proposing purchase; each section requires a response; no section may be left blank or contain a response consisting of "None" or "N/A."

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):

Producer Signature

Date Signed

ACKNOWLEDGMENTS AND SIGNATURES

You're buying a financial product - an annuity.

To recommend a product that effectively meets Your needs, objectives and situation, the agent, broker or company needs information about you, Your financial situation, insurance needs and financial objectives.

If you check either box below, it means you have not given the agent, broker, or company some or all the information needed to decide if the annuity effectively meets Your needs, objectives and situation. You may lose protections under the State's Insurance Code if You sign this form or provide inaccurate information.

Statement of Purchaser:

I REFUSE to provide this information at this time.

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

If you checked either box below, "My annuity purchase IS NOT BASED on the recommendation of this agent or the insurer, it means You know that you're buying an annuity that was not recommended and understand You are buying an annuity that the agent, broker or company did not recommend to buy. If You buy without a recommendation, You understand you may lose protections under the State's Insurance Code.

Check One:

My annuity purchase **IS NOT BASED** on the recommendation of this agent or the insurer.

My annuity purchase **IS BASED** on the recommendation of this agent or the insurer.

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. DO NOT SIGN THIS FORM UNLESS YOU HAVE READ AND UNDERSTAND IT.

Owner Signature

Date Signed

Joint-Owner Signature

Date Signed

EXPLANATION OF TERMS

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

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

"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.

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

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

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

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

"Existing Assets" are financial assets including life insurance and annuities. **"Existing Liquid Net Worth"** is applicable to those net assets that can readily be converted into their cash equivalent, without loss of principal after all surrender charges or other deductions have been taken.

"Financial Objectives" are the owner'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.

"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 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.

Owner Initials

Date Signed

Joint - Owner Initials

Date Signed



INSURANCE AGENT (PRODUCER) DISCLOSURE FOR ANNUITIES

Do Not Sign Unless You have Read and Understand the Information in this Form.

Date:

INSURANCE AGENT (PRODUCER) INFORMATION ("Me", "I", "My")

| | |
|----------------------------|---------------------------|
| First Name: | Last Name: |
| Business/Agency Name: | Business Mailing Address: |
| Business Telephone Number: | Email Address: |
| National Producer Number: | Agent Number: |

CUSTOMER INFORMATION ("You", "Your")

| | |
|-------------|------------|
| First Name: | Last Name: |
|-------------|------------|

What Types of Products can I Sell You?

I am licensed to sell annuities to You in accordance with state law. If I recommend that You buy an annuity, it means I believe that it effectively meets Your financial situation, insurance needs, and financial objectives. Other financial products, such as life insurance or stocks, bonds and mutual funds, also may meet Your needs. I offer the following products:

- Fixed for Fixed Indexed Annuities
- Variable Annuities
- Life Insurance

I need a separate license to provide advice about or to sell non-insurance financial products. I have checked below any non-insurance financial products that I am licensed and authorized to provide advice about or to sell.

- Mutual Funds
- Stocks/Bonds
- Certificate of Deposits

Whose Annuities Can I Sell to You?

I am authorized to sell:

- Annuities from Only One (1) Insurer Annuities from Two or More Insurers
- Annuities from Two or More Insurers although I primarily Sell Annuities From:

How I'm Paid for My Work:

It's important for you to understand how I am paid for my work. There is no charge to you. The insurance company will pay me a commission for the sale of this annuity. I may also receive non-cash compensation in the form of an incentive trip based on annual sales production.

If you have any questions about anything in this document, please ask me.

By Signing below, You acknowledge that You have read and understand the information provided to You in this document.

Signature of Owner (s)

Date Signed

Signature of Joint Owner (if applicable)

Date Signed

Agent Signature

Date Signed



POLICY OWNER IDENTIFICATION VERIFICATION

Agent to complete the following information:

POLICY OWNER IDENTIFICATION VERIFICATION – I have personally verified the identity of the owner(s) listed below by reviewing a government issued **photo ID** for each individual and documents that confirm the legal entity status of any non-natural owner, such as a business or trust.

Owner Verification

Name (Proposed owner or Non-natural Owner)

| | | | |
|-------------------------|---------------------------|-----------|-----------------|
| A. Drivers License (DL) | _____ | _____ | _____ |
| | State of Issue | DL Number | Expiration Date |
| B. Passport | _____ | _____ | _____ |
| | Country of Issuance | Number | Expiration Date |
| C. Other | _____/_____ | _____ | _____ |
| | State/Country of Issuance | Number | Expiration Date |

An unexpired Government issued photo ID is not available.

Joint Owner Verification

Name (Proposed owner or Non-natural Owner)

| | | | |
|-------------------------|---------------------------|-----------|-----------------|
| A. Drivers License (DL) | _____ | _____ | _____ |
| | State of Issue | DL Number | Expiration Date |
| B. Passport | _____ | _____ | _____ |
| | Country of Issuance | Number | Expiration Date |
| C. Other | _____/_____ | _____ | _____ |
| | State/Country of Issuance | Number | Expiration Date |

An unexpired Government issued photo ID is not available

AGENT'S CONFIRMATION – I have verified the identity of the owner(s) and believe the information the owner(s) provided to me regarding his or her identity is true and accurate.

This form dated at _____ on the _____ day of _____, 20_____
City/State

Agent's Signature



COMMUNITY PROPERTY STATES SPOUSAL EXISTENCE/BENEFICIARY DESIGNATION CONSENT FORM

CONTRACT INFORMATION:

Name of Contract Owner: _____ Contract Number (if known): _____

Spousal Existence:

I currently am a resident of one of the community property states: Arizona, California, Idaho, Louisiana, New Mexico, Nevada, Texas, Washington or Wisconsin.

I currently: (Check one)

Do have a spouse -spousal consent and spousal signature required below **if** spouse is **not** sole primary beneficiary.

Do not have a spouse.

Signature of Contract Owner

This form dated at (City/State) _____ on the _____ day of _____, 20____

Signature of Owner _____

Owner's Email Address _____ Owner's Telephone Number _____

Spousal

I have reviewed the beneficiary designation dated _____ for the contract number above and, as the spouse of the contract owner, I consent to the beneficiary designation and all contributions of money or property to be used for the purchase of such accounts to be issued in my spouse's name, whether heretofore, now or hereafter, and I relinquish all my statutory or other rights thereto.

Signature of Spouse

This form dated at (City/State) _____ on the _____ day of _____, 20____

Signature of Owner's Spouse _____

Spouse's Email Address _____ Spouse's Telephone Number _____

SEPARATE FORM FOR EACH CONTRACT IS REQUIRED

For Home Office Use Only

Recorded By: _____ Date: _____



REQUIRED MINIMUM DISTRIBUTION DISCLOSURE

I understand that if I reached age 72 before December 31, 2022 or once I reach age 73, I am required by the Internal Revenue Service to take a Required Minimum Distribution ("RMD") on an annual basis from qualified funds. I have, at this time, elected not to take my RMD from my Atlantic Coast Life Contract and will, instead, take my RMD from other qualified funds. However, I fully understand that if I subsequently choose to take an RMD from this Contract, Atlantic Coast Life would be entitled to assess Surrender Charges and Market Value Adjustments (MVA), if applicable.

I understand that by adding the RMD rider to my Atlantic Coast Life Contract, I could take my RMD from my Atlantic Coast Life Contract without incurring any Surrender Charges and MVA's on those withdrawals. By not electing to take the RMD rider at this time, I understand I will not be able to add the RMD rider to the contract until the beginning of another guarantee period.

Signature of Owner

Date



IRA ROLLOVER CERTIFICATION FORM

Contract Number (If available): _____ Telephone Number: _____

Contract Owner: _____ Social Security Number: _____

ROLLOVER INFORMATION

Qualified Plan Type of Rollover Contribution:

Type of Qualified Funds:

Traditional IRA
Roth IRA
Simple IRA
403(b)
401(k)/ 401(a)
Thrift Savings Plan
Pension Plan
TSA
Other

Traditional IRA
Roth IRA
Simple IRA

Cash Amount: \$ _____ *Pre-tax* *After-tax*

**Note: Please make checks payable to Atlantic Coast Life Insurance Company*

ROLLOVER REQUIREMENTS

- The funds deposited into the IRA or Qualified Plan must be deposited within 60 days of receipt;
- Rollover deposits cannot include any distributions which are a part of a series of substantially equal periodic payments;
- Rollover deposits may not include any distributions which represent a required minimum distribution;
- Rollover deposits must consist of the same assets originally distributed;
- In an IRA to IRA rollover, the assets cannot have been involved in a rollover in the past 12 months;
- Rollovers from Qualified Plans may consist of the proceeds from the sale of distributed property;
- Rollovers from Qualified Plans can consist only of tax deferred funds;
- A Traditional IRA inherited from someone other than a spouse is not eligible for rollover.
- Rollover deposits to a SIMPLE IRA can consist only of funds or securities distributed from a SIMPLE IRA

PLEASE READ AND SIGN

I certify that this deposit has met all of the above rollover eligibility requirements and assume full responsibility for any adverse tax consequences arising from this rollover. I further understand that rollover contributions have important tax implications and I have been advised to seek guidance from a tax professional.

This form dated at _____ on the _____ day of _____, 20 _____
City / State

Signature of Owner



QUALIFIED/NON-QUALIFIED TRANSFER 1035 EXCHANGE FORM

OWNER INFORMATION

(If the Owner is a Trust, please provide a copy of the Title and Signature pages)

Name: _____
(First) (Middle) (Last)

Social Security/Tax ID: _____ Date of Birth: _____

Owner's Address: _____

JOINT OWNER INFORMATION

Name: _____
(First) (Middle) (Last)

Social Security/Tax ID: _____ Date of Birth: _____

Owner's Address: _____

ANNUITANT / INSURED INFORMATION

(If other than the Owner information)

Name: _____
(First) (Middle) (Last)

Social Security/Tax ID: _____ Date of Birth: _____

Owner's Address: _____

JOINT ANNUITANT / INSURED INFORMATION

(If other than the Joint Owner information)

Name: _____
(First) (Middle) (Last)

Social Security/Tax ID: _____ Date of Birth: _____

Owner's Address: _____

CURRENT CONTRACT / POLICY / ACCOUNT INFORMATION

Company _____ Company Phone: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Contract / Policy / Account Number(s): _____

NON-QUALIFIED TRANSFER TO LIFE OR ANNUITY CONTRACT

I wish to liquidate and transfer the: Full Amount Partial Amount of: \$ _____ Or _____ %

On the maturity date of: ____/____/____ Upon Atlantic Coast Life Insurance Company's receipt of this request

From: CD Mutual Fund Checking Savings Other: _____

Atlantic Coast Life Insurance Company will apply all such funds received to a life or annuity contract issued to me.

QUALIFIED TRANSFER / ACCOUNT ROLLOVER TO ANNUITY CONTRACT

I wish to liquidate and transfer the: Full Amount Partial Amount of: \$ _____ Or _____ %

On the maturity date of: ____/____/____ Upon Atlantic Coast Life Insurance Company's receipt of this request

From: IRA Roth IRA SEP IRA Simple IRA Other: _____

To: IRA Roth IRA SEP IRA Simple IRA Other: _____

This amount represents all or part of my eligible rollover distribution to an eligible plan as defined under applicable tax laws.

I intend that this transfer be accomplished as trustee-to-trustee, in a non-taxable manner, in accordance with IRS rulings, and not constitute receipt by me for federal income tax purposes. I understand that I am purchasing this annuity in an IRA or other tax-qualified plan. Since IRAs and other tax-qualified plans are already afforded tax-deferred status, there is no additional tax deferral benefit in this annuity. I am purchasing this annuity because I value other features, such as income payments, principal protection, or death benefit protection, and I am willing to pay any additional cost associated with such features.

Prior Distribution Information (Participants age 70 and over only): I understand that if I reached age 72 before December 31, 2022 or once I reach age 73 the IRS requires annual minimum distribution from your qualified account(s). If you are requesting a qualified transfer, the IRS allows you to transfer your entire IRA balance, including the minimum distribution, without incurring the 50% excess accumulation penalty. However, the full Required Minimum Distribution amount must be taken by December 31st of the current calendar year.

This is a transfer and my Required Minimum Distribution (RMD) amount for this tax year should be handled as follows:

- My RMD has already been taken for the current year.
- Distribute my RMD to me before transferring my funds to Atlantic Coast Life Insurance Company.
- Proceed with the transfer; I will take responsibility for taking my RMD before December 31st of the current year.

I understand that if I take the RMD for the current year from the Atlantic Coast Life Insurance Company contract, surrender charges may be deducted.

1035 EXCHANGE / ABSOLUTE ASSIGNMENT OF LIFE OR ANNUITY CONTRACT

1035 Exchange: Full Amount Partial Amount of: \$ _____ Or _____ %

On the maturity date of: ____/____/____ Upon Atlantic Coast Life Insurance Company's receipt of this request

From: CD Mutual Fund Checking Savings Other: _____

I, the undersigned, hereby state that I am the owner of the above life insurance, endowment, or annuity contract ("Contract"). I hereby assign and transfer the specified portion of my right, title, and interest in the Contract to Atlantic Coast Life Insurance Company. I irrevocably waive all rights, claims, and demands under the Contract. I hereby declare that the Contract is not subject to any assignment, pledge, collateral assignment, or other lien and that no proceeding in bankruptcy or insolvency, voluntary or involuntary, have been instituted by or against me and that I am not under guardianship or any legal disability.

The purpose of this transfer is to affect a direct nontaxable exchange of the Contract pursuant to Section 1035 of the Internal Revenue Code. I understand and agree that the cost basis in the contract issued by Atlantic Coast Life Insurance Company shall be determined based upon the cost basis information provided by the above-referenced surrendering company. I further understand and agree that Atlantic Coast Life Insurance Company assumes no responsibility in determining or verifying the cost basis of the new contract issued by it. I acknowledge and agree that if Atlantic Coast Life Insurance Company does not receive cost basis information acceptable to it, the cost basis of the contract issued by Atlantic Coast Life Insurance Company will be zero.

I understand and agree that Atlantic Coast Life Insurance Company will request that the surrendering company totally or partially surrender the original Contract immediately upon receipt of this request, and that Atlantic Coast Life Insurance Company assumes no liability for any action by the surrendering company that results in a delay in paying the surrender proceeds or for any changes in the payment amount. I understand and agree that Atlantic Coast Life Insurance Company makes no representations concerning the tax treatment of this matter under Internal Revenue Code Section 1035 or otherwise, and that Atlantic Coast Life Insurance Company has no responsibility or liability for the validity of this assignment. I understand that Atlantic Coast Life Insurance Company will apply the transfer funds it receives as premium on the contract it issues, and that the contract values and terms of the above identified surrendered Contract may differ substantially from those in the contract issued by Atlantic Coast Life Insurance Company.

IF FUNDS ARE COMING FROM A SURRENDERED LIFE OR ANNUITY CONTRACT

Attach original contract or Initial here: _____

I / (We) certify that the original contract is lost or destroyed and cannot be found after a careful search.

IMPORTANT ACKNOWLEDGMENTS

I understand that by signing this form, I hereby authorize the Company listed under Current Contract/Policy/Account Information Section to immediately surrender and transfer my policy/contract to Atlantic Coast Life Insurance Company.

I understand that if I return the Atlantic Coast Life Insurance Company contract under the "free look" provision, the exchanged/ transferred contract may not be eligible for reinstatement because it has already been surrendered or partially surrendered. Also, if I return the contract under the "free look" provision, Atlantic Coast Life Insurance Company has no liability beyond the return of the cash surrender or the partial surrender value of an exchanged/transferred contract.

I understand that if the new contract is for life insurance, coverage does not go into effect and no liability exists for Atlantic Coast Life Insurance Company until: (1) Atlantic Coast Life Insurance Company receives the cash surrender or partial surrender value of the exchanged/transferred contract; (2) there has been no change in the health of the Proposed Insured(s) that would change the answers in the application; and (3) the premium is fully paid, and the contract is delivered to and accepted by me. For transfers to an Atlantic Coast Life Insurance Company annuity, I understand and agree that the date that the proceeds are received from the surrendering insurance company will be the date on which coverage first becomes effective under the Atlantic Coast Life Insurance Company contract.

I understand that the proposed transfer may have important tax consequences and/or surrender/withdrawal penalties. I acknowledge that Atlantic Coast Life Insurance Company assumes no responsibility or liability for any penalty or for any tax treatment of this matter under the Internal Revenue Code or otherwise, and I shall be responsible for payment of all federal, state and local taxes incurred with respect to the liquidation of such account. Further, I certify that no proceedings in bankruptcy or insolvency, voluntary or involuntary, are pending against me.

OWNER(S) SIGNATURE:

Signed At: _____

Dated: _____

Owner Signature: _____

Printed Name: _____

Signed At: _____

Dated: _____

Joint Owner Signature: _____

Printed Name: _____

Signed At: _____

Dated: _____

Policy Owner's Spouse Signature: _____

Printed Name: _____

(if community property state)

ATLANTIC COAST LIFE INSURANCE COMPANY AGREES TO ACCEPT THE TRANSFER FOR THE PLAN ESTABLISHED ON BEHALF OF THE NAMED OWNER. WE ACCEPT APPOINTMENT AS SUCCESSOR CUSTODIAN OF THE ABOVE ACCOUNT AND REQUEST THE LIQUIDATION AND TRANSFER OF FUNDS AS INDICATED ABOVE.

**Signature Guarantee
(If required by Surrendering Company)**

**Accepted By (Signature & Title of Authorizing Officer of
Atlantic Coast Life Insurance Company)**

CHECKS SHOULD BE MADE PAYABLE TO:

Atlantic Coast Life Insurance Company

FBO _____

MAILING ADDRESS:

Administrative Office
PO Box 27248
Salt Lake City, UT. 84127-0248
P: 844-442-3847
F: (888) 433-4795

OVERNIGHT/PHYSICAL ADDRESS:

Administrative Office
1405 W 2200 S
Salt Lake City, UT. 84119

FOR PRODUCER EXPLANATION, REMARKS AND / OR REQUESTS PLEASE ATTACH ADDITIONAL PAGES

**IMPORTANT NOTICE:
REPLACEMENT OF LIFE INSURANCE OR ANNUITIES**

This document must be signed by the applicant and the producer, if there is one, and a copy left with the applicant.

You are contemplating the purchase of a life insurance policy or annuity contract. In some cases this purchase may involve discontinuing or changing an existing policy or contract. If so, a replacement is occurring. Financed purchases are also considered replacements.

A replacement occurs when a new policy or contract is purchased, and in connection with the sale, you discontinue making premium payments on the existing policy or contract, or an existing policy or contract is surrendered, forfeited, assigned to the replacing insurer, or otherwise terminated or used in a financed purchase.

A financed purchase occurs when the purchase of a new life insurance policy involves the use of funds obtained by the withdrawal or surrender of or by borrowing some or all of the policy values, including accumulated dividends, of an existing policy to pay all or part of any premium or payment due on the new policy. A financed purchase is a replacement.

You should carefully consider whether a replacement is in your best interests. There may be surrender costs deducted from your existing policy or contract. You may be able to make changes to your existing policy or contract to meet your insurance needs at less cost. A financed purchase will reduce the value of your existing policy and may reduce the amount paid upon the death of the insured.

We want you to understand the effects of replacements before you make your purchase decision, and ask that you answer the following questions and consider the questions on the back of this form.

1. Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating your existing policy or contract? ___ YES ___ NO

2. Are you considering using funds from your existing policies or contracts to pay premiums due on the new policy or contract? ___ YES ___ NO

If you answered "yes" to either of the above questions, list each existing policy or contract you are contemplating replacing (include the name of the insurer, the insured or annuitant, and the policy or contract number if available) and whether each policy or contract will be replaced or used as a source of financing:

| INSURER NAME | CONTRACT OR POLICY # | INSURED OR ANNUITANT | REPLACED (R) OR FINANCING (F) |
|-----------------|-------------------------|-------------------------|----------------------------------|
| 1. _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ |

Make sure you know the facts. Contact your existing company or its agent for information about the old policy or contract. If you request one, an in force illustration, policy summary or available disclosure documents must be sent to you by the existing insurer. Ask for and retain all sales material used by the agent in the sales presentation. Be sure that you are making an informed decision.

The existing policy or contract is being replaced because _____

I certify that the responses herein are, to the best of my knowledge, accurate:

Applicant's Signature and Printed Name

Date

Producer's Signature and Printed Name

Date

I do not want this notice read aloud to me. _____ (Applicants must initial only if they do not want the notice read aloud.)

RETURN TO HOME OFFICE

**IMPORTANT NOTICE:
REPLACEMENT OF LIFE INSURANCE OR ANNUITIES**

This document must be signed by the applicant and the producer, if there is one, and a copy left with the applicant.

You are contemplating the purchase of a life insurance policy or annuity contract. In some cases this purchase may involve discontinuing or changing an existing policy or contract. If so, a replacement is occurring. Financed purchases are also considered replacements.

A replacement occurs when a new policy or contract is purchased, and in connection with the sale, you discontinue making premium payments on the existing policy or contract, or an existing policy or contract is surrendered, forfeited, assigned to the replacing insurer, or otherwise terminated or used in a financed purchase.

A financed purchase occurs when the purchase of a new life insurance policy involves the use of funds obtained by the withdrawal or surrender of or by borrowing some or all of the policy values, including accumulated dividends, of an existing policy to pay all or part of any premium or payment due on the new policy. A financed purchase is a replacement.

You should carefully consider whether a replacement is in your best interests. There may be surrender costs deducted from your existing policy or contract. You may be able to make changes to your existing policy or contract to meet your insurance needs at less cost. A financed purchase will reduce the value of your existing policy and may reduce the amount paid upon the death of the insured.

We want you to understand the effects of replacements before you make your purchase decision and ask that you answer the following questions and consider the questions on the back of this form.

1. Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating your existing policy or contract? ___ YES ___ NO

2. Are you considering using funds from your existing policies or contracts to pay premiums due on the new policy or contract? ___ YES ___ NO

If you answered "yes" to either of the above questions, list each existing policy or contract you are contemplating replacing (include the name of the insurer, the insured or annuitant, and the policy or contract number if available) and whether each policy or contract will be replaced or used as a source of financing:

| INSURER NAME | CONTRACT OR POLICY # | INSURED OR ANNUITANT | REPLACED (R) OR FINANCING (F) |
|-----------------|-------------------------|-------------------------|----------------------------------|
| 1. _____ | | | |
| 2. _____ | | | |
| 3. _____ | | | |

Make sure you know the facts. Contact your existing company or its agent for information about the old policy or contract. If you request one, an in force illustration, policy summary or available disclosure documents must be sent to you by the existing insurer. Ask for and retain all sales material used by the agent in the sales presentation. Be sure that you are making an informed decision.

The existing policy or contract is being replaced because _____

I certify that the responses herein are, to the best of my knowledge, accurate:

Applicant's Signature and Printed Name

Date

Producer's Signature and Printed Name

Date

I do not want this notice read aloud to me. _____ (Applicants must initial only if they do not want the notice read aloud.)

A replacement may not be in your best interest, or your decision could be a good one. You should make a careful comparison of the costs and benefits of your existing policy or contract and the proposed policy or contract. One way to do this is to ask the company or agent that sold you your existing policy or contract to provide you with information concerning your existing policy or contract. This may include an illustration of how your existing policy or contract is working now and how it would perform in the future based on certain assumptions. Illustrations should not, however, be used as a sole basis to compare policies or contracts. You should discuss the following with your agent to determine whether replacement or financing your purchase makes sense:

PREMIUMS: Are they affordable?
 Could they change?
 You're older—are premiums higher for the proposed new policy?
 How long will you have to pay premiums on the new policy? On the old policy?

POLICY VALUES: New policies usually take longer to build cash values and to pay dividends.
 Acquisition costs for the old policy may have been paid, you will incur costs for the new one.
 What surrender charges do the policies have?
 What expense and sales charges will you pay on the new policy?
 Does the new policy provide more insurance coverage?

INSURABILITY: If your health has changed since you bought your old policy, the new one could cost you more, or you could be turned down.
 You may need a medical exam for a new policy.
 Claims on most new policies for up to the first two years can be denied based on inaccurate statements.
 Suicide limitations may begin anew on the new coverage.

IF YOU ARE KEEPING THE OLD POLICY AS WELL AS THE NEW POLICY:

 How are premiums for both policies being paid?
 How will the premiums on your existing policy be affected?
 Will a loan be deducted from death benefits?
 What values from the old policy are being used to pay premiums?

IF YOU ARE SURRENDERING AN ANNUITY OR INTEREST SENSITIVE LIFE PRODUCT:

 Will you pay surrender charges on your old contract?
 What are the interest rate guarantees for the new contract?
 Have you compared the contract charges or other policy expenses?

OTHER ISSUES TO CONSIDER FOR ALL TRANSACTIONS:

 What are the tax consequences of buying the new policy?
 Is this a tax free exchange? (See your tax advisor.)
 Is there a benefit from favorable "grandfathered" treatment of the old policy under the federal tax code?
 Will the existing insurer be willing to modify the old policy?
 How does the quality and financial stability of the new company compare with your existing company?

LEAVE WITH APPLICANT



NON-RESIDENT VERIFICATION FORM

This form can be used to assist you in providing the required documentation if an application is signed in a state other than the applicant/owner "Resident State."

Definitions

Resident State- is defined for this purpose as the state where a client or owner has his or her residence and receives mail on a regular basis. A residence can be a primary residence or vacation home. Please note, that a "Time Share" will be considered a temporary residence and therefore does not qualify for a primary residence under this form.

For business entity, "Residence State" is defined as the state where the business entity has its primary place of business or place of incorporation. For trusts, "Resident State" is defined as the state where the trust is located or where the trustee has an office or primary residence.

Application State- is where the applicant/ owner signed the application and where the policy is solicited, paramedic exam is scheduled (if applicable), and policy/contract is delivered. The "Application State" must be a state where the agent is licensed and the product is approved.

When a product is not available for sale in the owner's resident state, a resident is only allowed to purchase the product in another state if they provide a valid reason to be in the non-resident state, other than solely to purchase the product*.

I _____ (Owner/ Joint Owner) am a resident of the state of _____

My valid reasons for being in the Application Signed State of _____ is (other than to purchase an annuity or insurance)

Acknowledgments

All communications, sales material and negotiations of the application occurred in the Application State.

The application was signed by the owner and the agent in the Application State.

The owner will take delivery of the policy/contract issued in the Application State.

I understand that the solicitation for this policy and contract occurred in the Application State and that the laws of the Application State will govern all legal rights and obligations under the policy/contract applied for.

Owner Signature: _____ Date: _____

Agent Signature: _____ Date: _____

*State Restrictions- Alabama, Massachusetts, Minnesota, Oregon, Utah and Washington - Purchase of products outside these resident states is not allowed if they are not available for sale in the resident state.

For questions, please contact Atlantic Coast Life Insurance New Business Department

Phone: (844) 442-3847 opt 1, 3, 2 Fax: (888) 433-4795

Email: newbusiness@insadminsolutions.com

Mail to: PO Box 27248, Salt Lake City, UT 84127-0248

Express Mail to: 1405 West 2200 South, Salt Lake City, Utah 84119



TRUSTEE CERTIFICATION OF TRUST

TO BE COMPLETED BY TRUSTEES

TRUST INFORMATION:

In consideration of your opening and /or maintaining one or more accounts for the Trust named below, we the undersigned below, Trustees, certify as follows:

The full title of the trust to which this Trustee Certification applies is: _____

a. The date of the Trust is: _____

b. The date of any Trust Amendments are (if any): _____

c. There are no Trustees of the Trust other than the undersigned: _____

d. The Grantors of the Trust are: _____

e. The Tax ID# of the Trust is: _____

ACKNOWLEDGMENT:

- We acknowledge receiving and reviewing all pertinent account documentation and agreements.
- We, the Trustees, jointly and severally indemnify you and hold you harmless from any liability for effecting requested transactions of any type.
- We agree to inform you in writing of any amendment to the Trust, any change in the composition of the Trustees, or any other event which could materially alter the Trust Certifications made above. You may rely on the continued validity of the Trust Certification indefinitely absent actual receipt of such notice.
- We agree to provide you with a copy of the title page, signature page, and successor trustee sections of our Trust Agreement and any amendments, or a current Certificate of Trust, if available, and any other documentation required for you to ascertain the current Trustee of the Trust.

Policy Request must be: _____ signed by all trustees _____ signed by two trustees _____ signed by one trustee
(Default is all trustees)

TRUSTEES - ALL TRUSTEES MUST SIGN AND PROVIDE INFORMATION

We hereby certify that the undersigned are all the Trustees, and that you are authorized to accept orders and other instructions from the individuals listed below, pursuant to the terms of the Trust and applicable law, including check signing and withdrawal privileges.

I. _____ X _____
Trustee Name (Print) Trustee Signature Date

Trustee Date of Birth Last 4 #'s of the Social Security Number

Trustee Street Address City State Zip Code

II. _____ X _____
Trustee Name (Print) Trustee Signature Date

Trustee Date of Birth Last 4 #'s of the Social Security Number

Trustee Street Address City State Zip Code

III. _____ X _____
Trustee Name (Print) Trustee Signature Date

Trustee Date of Birth Last 4 #'s of the Social Security Number

Trustee Street Address City State Zip Code

IV. _____ X _____
Trustee Name (Print) Trustee Signature Date

Trustee Date of Birth Last 4 #'s of the Social Security Number

Trustee Street Address City State Zip Code

(All Trustees must sign. Attach an extra page if necessary)

**Should only one person execute this agreement, it shall constitute a representation that the signer is the sole Trustee. Where applicable, plural references in this Certification shall be deemed singular.*



TRUST AND OTHER NON-NATURAL OWNER

72(u) Tax Deferred Treatment Certification Form

1. Contract Information

Contract #

Name of Annuitant

Telephone Number

Name of Owner (if different from Annuitant)

Telephone Number

Owner's Street Address, City, State, Zip

2. Tax Information as it pertains to Designation of Non-Natural Owner

Please read the following if you intend to designate a non-natural entity as the owner of your Atlantic Coast Life Insurance Company Annuity Contract.

Definition of non-natural owner – a non-natural owner is something other than a living person, including trusts, estates, and other such entities.

The Tax Reform Act of 1986 made several changes to the Internal Revenue Code. For non-qualified annuities purchased after March 1, 1986, Section 72(u) of the Internal Revenue Code states that if an annuity contract is owned by a non-natural owner, the income of the contract shall be treated as ordinary income received or accrued by the owner during the taxable year. As a result, Atlantic Coast Life Insurance Company will treat this contract as owned by a non-natural owner unless this contract is:

- An annuity acquired by the estate of a decedent by reason of death of the decedent, or
- An annuity that is held by a trust or other entity as agent for a natural person.

If either of the above exceptions applies to you, Atlantic Coast Life Insurance Company will treat your contract as tax deferred. In order to notify Atlantic Coast Life Insurance Company of your qualifying exception, you must sign this form and submit it to the Home Office address indicated below.

Atlantic Coast Life Insurance Company is unable to render tax advice, and therefore, we suggest that you consult your tax counsel or tax advisor to determine if Section 72(u) is applicable to you.

3. Acknowledgement / Signature(s)

I understand that under Section 72(u) of the Internal Revenue Code, a non-natural owner may own an annuity contract and be entitled to the tax-deferred status if certain circumstances apply. I certify that the trust and non-natural owner will qualify for the tax-deferral exception under Section 72(u) of the Code.

I have consulted with my tax advisor in determining qualification for one of the above exceptions. I hereby hold Atlantic Coast Life Insurance Company harmless from any adverse tax consequences that may arise as a result of an incorrect interpretation of these exceptions to Section 72(u).

Signature of Trustee

Date

Printed Name of Trustee

Signature of Trustee

Date

Printed Name of Trustee

Name of Corporate Officer (if applicable)

Signature of Corporate Officer (if applicable)

Date

Printed Name of Corporate Officer

Signature of Corporate Officer (if applicable)

Date

Printed Name of Corporate Officer



INHERITED IRA ELECTION FORM

1) Deceased IRA Owner's Information

All fields are required.

Name *(please print the owner's full name as it appears on the policy)*

Policy Number

Mailing Address *(Including apartment or box number)*

Social Security Number

City State Zip

Date of Birth

Current IRA Custodian

Date of Death

2) IRA Beneficiary's Information

All fields are required.

Name *(please print the owner's full name as it appears on the policy)*

Policy Number (if known)

Mailing Address *(Including apartment or box number)*

Social Security or Taxpayer ID

City State Zip

Date of Birth or Trust

Email Address (Optional)

Daytime Telephone Number

3) **TERMS & CONDITIONS**

I am a named beneficiary of the individual retirement account/individual retirement annuity listed above and want to establish an inherited IRA with Atlantic Coast Life Insurance Company. I understand the following terms and conditions:

- 1) Withdrawal charges may apply to the inherited IRA.
- 2) If the original IRA owner passed away in 2020 or later, the guarantee period applied for must be shorter than ten years.
- 3) If the original IRA owner passed away in 2020 or later, the account value must be distributed to the Beneficiary by the end of ten years following the year of the owner's date of death.

4) **ACKNOWLEDGMENT**

By signing below, I acknowledge that I have read and understand the provisions of this form. I understand that Atlantic Coast Life Insurance Company, its employees, and agents do not provide tax advice and that I am responsible for obtaining tax advice from other sources. I understand that I am solely responsible for withdrawing the total account value before the end of the tenth year after the owner's date of death and I am solely responsible for all tax consequences arising from my election to establish an inherited IRA with Atlantic Coast Life Insurance Company.

Signature of Beneficiary

Title, if applicable

Date



APPLICANTS STATEMENT QUALIFIED RETIREMENT PLANS

Annuity Contract Issued in Connection with Retirement Plan under Internal Revenue Code Section 401 (a) or 401(k), including a Profit Sharing or Pension Plan providing Retirement Benefits for Individuals, Partnerships, or Corporations.

The Applicant of this Annuity acknowledges that:

1. The Annuity being issued is only a funding vehicle for the Retirement Plan and is not intended to constitute a Plan Document or a Trust Agreement;
2. The Annuity being issued is consistent with the Retirement Plan's funding policy;
3. The Purchaser and Owner of the Annuity is the Trust created for the Retirement Plan and all transactions, reports and correspondence with Atlantic Coast Life Insurance Company will be performed directly with the Trustee only and not with any individual participant in the Plan;
4. The Employer, Trustee, and/ or Retirement Plan Administrator assumes responsibility for the compliance with the tax and legal aspects of the following:
 - A. All details and responsibilities of the Retirement Plan's administration including but not limited to Retirement Plan loans and their repayment, providing Retirement Plan documents, other documentation, amendments, record keeping, or consultation relative to the Retirement Plan's administration.
 - B. The Retirement Plan's compliance with the Internal Revenue Code and E.R.I.S.A., as amended including any reporting, disclosure and fiduciary rules;
5. Atlantic Coast Life Insurance Company is only responsible for its obligations under the terms of the annuity policy and is not a "Plan Administrator" or other fiduciary under E.R.I.S.A. nor will it perform the duties of a "Plan Administrator" or other fiduciary under E.R.I.S.A.;
6. This annuity is not purchased to provide distribution of benefits to participants and the Plan's liability for such benefits is not transferred to the annuity provider.

The Applicant Trustee agrees to indemnify and hold harmless Atlantic Coast Life Insurance Company and any affiliates thereof for any liability arising out of Plan operations or administration, or for failure of the Plan to qualify for preferred tax status under the Internal Revenue Code.

Applicant Trustee's Name _____
Print

Applicant Trustee's Signature _____ Date _____

Writing Agent Name _____
Print

Writing Agent Signature _____ Date _____

RETURN TO HOME OFFICE



ACCUMULATED INTEREST WITHDRAWAL FORM

1) Owner's Information

All fields are required.

Name (please print your full name as it appears on your contract)

Contract Number

Mailing Address (including apartment or box number)

Social Security or Taxpayer ID Number

City

State

Zip Code

Date of Birth or Trust

Email Address (Optional)

Daytime Telephone Number

Note: All payments will begin on the next modal anniversary based on your chosen frequency. If the withdrawal amount is less than \$100.00, the Company reserves the right to reduce the frequency of payments to an interval which will result in each payment being at least \$100.00.

2) Withdrawal Options

I authorize:

Systematic payment of the accumulated interest according to the frequency below.

Include all prior earned interest in first payment? Yes No

If neither Yes nor No is selected, the default will be No.

An initial payment of \$ _____ of the accumulated interest to be paid immediately, thereafter interest should be paid according to the frequency below.

A systematic payment of \$ _____, not to exceed the interest credited during the frequency chosen below. A one-time payment of \$ _____ not exceeding the interest credited. (One-time payments are paid by check only)

3) Payment Frequency

Process systematic interest payments according to the frequency below:

Monthly Quarterly Semiannually Annually

Note: If a frequency is not selected for systematic payments, payments will be processed annually. If no voided check is received systematic distributions will be sent via check in the mail.

Compound Interest Crediting: Interest is compounded and credited daily based on the guaranteed crediting rate. When a withdrawal is taken, the interest payment is based on interest credited for the exact number of days in the withdrawal period. For this reason, payment amounts may fluctuate. A contract taking monthly, quarterly or semiannual interest withdrawals will produce less total interest than one taking annual distributions.

4) Payment Method

Note: If a payment method is not selected, your distribution(s) will be paid to you by check until we receive written notice from you requesting a change for future payments. One-time distributions are paid by check only.

Mail check to my address of record currently on file

Transfer funds electronically (ACH) - A voided check is required

Checking

Savings

Financial Institution

Account Holder's Full Name

ABA Routing Number

Account Number

5) **Tax Withholding Election:**

If selecting a **Settlement Option** use Form W-4P/OMB No. 10225T, W-4P (2023).

If selecting an **Eligible Rollover Distribution, RMD, or One-Time Withdrawal** use Form W-4R/OMB No. 75085T, W-4R (2023).

Complete the worksheets found on attached Form W-4P or W-4R and enter the election withholding in the space below.

Federal Tax Withholding

Distributions from IRA's and qualified retirement plans that are not eligible for rollover are subject to federal income tax withholding unless you affirmatively elect not to have withholding apply to such payments. Generally, such distributions are subject to 10 percent withholding unless you elect to have an additional amount withheld or elect to have no withholding. You may make a withholding election by selecting one of the options below. Your election will remain in effect for any subsequent distributions unless you change or revoke it by providing us with a new election.

Important Taxpayer Information

I understand if there is a reportable distribution due to the withdrawal, it will be reported to the Internal Revenue Service (IRS) for the calendar year the withdrawal is made. If I am under age 59 ½, an IRS Federal Excise Tax may apply to the withdrawal.

I understand that, due to State Regulations, the Company is required to withhold State Taxes regardless of the Federal election if I reside in CA, NC, OK, OR or GA. If I reside in DE, IA, KS, MA, ME, NE, or VT, the Company is required to withhold State Income Tax if Federal Income Tax is withheld. I further understand that even if I elect not to have Federal Income Tax withheld, any reportable distribution will be reported to the IRS.

Note: 10% federal income tax automatically withheld if you do not make an election below. Some states also impose mandatory withholding.

Please choose your election withholding from the following

NOT to withhold federal income tax.

NOT to withhold state income tax.

to withhold federal income tax in the amount of \$ _____ or percentage of _____ %. (Must equal at least 10%)

to withhold state income tax in the amount of \$ _____ or percentage of _____ %.

6) Owner Acknowledgment: By signing below, I acknowledge full understanding of the following:

Community Property States

- If the contract was issued in a community property state, or if the Owner currently lives in a community property state (AZ, CA, ID, LA, NM, NV, TX, WA, WI), the Owner's spouse must sign the form.
- If you do not provide us with your spouse's signature, please make notation of your current marital status.
- In case of divorce, in order to ensure that spousal interest in community property has been protected, a copy of the relevant parts of the divorce decree is required (i.e., front page, signature page and any page referencing the annuity contract). If there is no mention of the annuity contract in the divorce decree, the former spouse must sign this request. If this is not possible, please contact our Policy Service Department.

I certify that I am the participant authorized to make these elections and that all information provided is true and accurate. I further certify that a Atlantic Coast Life representative has not given any tax or legal advice to me, and that all decisions regarding the elections made on this form are my own. Atlantic Coast Life is hereby authorized and directed to distribute funds from my contract in the manner requested. Atlantic Coast Life may conclusively rely on this certification and authorization without further investigation or inquiry. I expressly assume responsibility for any adverse consequences which may arise from the election(s) and agree that Atlantic Coast Life and their representatives shall in no way be responsible and shall be indemnified and held harmless for any tax, legal or other consequences of the election(s) made on this form. UNDER PENALTY OF PERJURY, I CERTIFY THAT THE NUMBER SHOWN ON THIS FORM IS MY CORRECT TAXPAYER ID NUMBER AND I AM NOT SUBJECT TO BACKUP WITHHOLDING. I have read and understand and agree to be legally bound by the terms of this form.

Signature of Owner (s) Title (if applicable) Date

Signature of Joint Owner (if applicable) Title (if applicable) Date

Signature of Owner's Spouse (Community Property States) Date

Signature of Joint Owner's Spouse (Community Property States) Date



REQUIRED MINIMUM DISTRIBUTION FORM

1) Owner's Information

All fields are required.

Name (please print your full name as it appears on your contract)

Contract Number

Mailing Address (including apartment or box number)

Social Security or Taxpayer ID Number

City

State

Zip Code

Date of Birth or Trust

Email Address (Optional)

Daytime Telephone Number

Note: One-time withdrawals are paid by check only. Please review your contract carefully to ensure that you understand the terms that apply to your withdrawals before completing this form.

2) Calculation Method

The required minimum distribution (RMD) amount is determined by Internal Revenue Service (IRS) regulations. These regulations are explained in IRS Publication 590-B. Each RMD will be calculated based on the Uniform Lifetime Table, unless the following exception applies to you and you have indicated so by checking the box below.

My sole primary beneficiary is my spouse who is more than 10 years younger than I am. I elect to calculate the RMD based on the life expectancy from the Joint and Last Survivor Table.

Beneficiary's Date of Birth: ____/____/____

3) Distribution Method

One-Time Distribution by Check

Current Year Distribution Only: Calculate and distribute my current year required minimum distribution immediately upon receipt of this form. I understand that I am responsible for contacting the fund to request any future year RMD amounts.

Distribute \$ _____ Gross Net

I understand that I am responsible for contacting Atlantic CoastLife to request any future year amounts. (Must be equal to or LESS than the calculated RMD amount for this contract.)

OR

Systematic Distribution

Systematic distribution: Calculate and distribute the required minimum distribution amount for this year and all subsequent years. If you elect this option we will continue to calculate and distribute your RMD amount for subsequent years until such time that you notify us to discontinue the payments.

If you are turning 73 and this is your first RMD, it may be distributed in the year you turn 73 or by April 1st of the following year. Please calculate and distribute my prior year deferred required minimum distribution amount immediately.*

*This request must be received between January and April 1st. If you elect this option, we will calculate and distribute your prior year required distribution amount upon receipt. We will also calculate and distribute your current year amount and all subsequent years according to your specified frequency until such time that you notify us to discontinue the payments.

Payment Frequency for Systematic Distribution

If a start date is not provided for a systematic distribution request, distributions will begin immediately. If a frequency of payment is not provided distributions will be sent on an annual basis until we receive written notice from you requesting a change. Note: If no voided check is received systematic distributions will be sent via check in the mail.

Start Date: ____/____/____ Monthly Quarterly Semiannually Annually

4) Payment Method

Note: If a payment method is not selected, your distribution(s) will be paid to you by check until we receive written notice from you requesting a change for future payments. One-time distributions are paid by check only.

Mail check to my address of record currently on file

Transfer funds electronically (ACH) - A voided check is required Checking Savings

Financial Institution

Account Holder's Full Name

ABA Routing Number

Account Number

5) Tax Withholding Election:

If selecting a **Settlement Option** use Form W-4P/OMB No. 102257, W-4P (2023).

If selecting an **Eligible Rollover Distribution, RMD, or One-Time Withdrawal** use Form W-4R/OMB No. 75085T, W-4R (2023).

Complete the worksheets found on the attached Form W-4P or W-4R and enter the election withholding in the space below.

Federal Tax Withholding

Distributions from IRA's and qualified retirement plans that are not eligible for rollover are subject to federal income tax withholding unless you affirmatively elect not to have withholding apply to such payments. Generally, such distributions are subject to 10 percent withholding unless you elect to have an additional amount withheld or elect to have no withholding. You may make a withholding election by selecting one of the options below. Your election will remain in effect for any subsequent distributions unless you change or revoke it by providing us with a new election.

Important Taxpayer Information

I understand if there is a reportable distribution due to the withdrawal, it will be reported to the Internal Revenue Service (IRS) for the calendar year the withdrawal is made. If I am under age 59 1/2, an IRS Federal Excise Tax may apply to the withdrawal.

I understand that, due to State Regulations, the Company is required to withhold State Taxes regardless of the Federal election if I reside in CA, NC, OK, OR or GA. If I reside in DE, IA, KS, MA, ME, NE, or VT, the Company is required to withhold State Income Tax if Federal Income Tax is withheld. I further understand that even if I elect not to have Federal Income Tax withheld, any reportable distribution will be reported to the IRS.

Note: 10% federal income tax automatically withheld if you do not make an election below. Some states also impose mandatory withholding.

Please choose an election withholding from the following:

NOT to withhold federal income tax.

NOT to withhold state income tax.

to withhold federal income tax in the amount of \$ _____ or percentage of _____ %.
(Must equal at least 10%)

to withhold state income tax in the amount of \$ _____ or percentage of _____ %.

6) Owner Acknowledgment: By signing below, I acknowledge full understanding of the following:

I certify that I am the participant authorized to make these elections and that all information provided is true and accurate. I further certify that a Atlantic Coast Life representative has not given any tax or legal advice to me, and that all decisions regarding the elections made on this form are my own. Atlantic Coast Life is hereby authorized and directed to distribute funds from my contract in the manner requested. Atlantic Coast Life may conclusively rely on this certification and authorization without further investigation or inquiry. I expressly assume responsibility for any adverse consequences which may arise from the election(s) and agree that Atlantic Coast Life and their representatives shall in no way be responsible and shall be indemnified and held harmless for any tax, legal or other consequences of the election(s) made on this form. UNDER PENALTY OF PERJURY, I CERTIFY THAT THE NUMBER SHOWN ON THIS FORM IS MY CORRECT TAXPAYER ID NUMBER AND I AM NOT SUBJECT TO BACKUP WITHHOLDING. I have read and understand and agree to be legally bound by the terms of this form.

Signature of Owner

Title, if applicable

Date

Withholding Certificate for Periodic Pension or Annuity Payments

Department of the Treasury
Internal Revenue Service

Give Form W-4P to the payer of your pension or annuity payments.

2023

Step 1: Enter Personal Information

| | | |
|---|-----------|----------------------------|
| (a) First name and middle initial | Last name | (b) Social security number |
| Address | | |
| City or town, state, and ZIP code | | |
| (c) <input type="checkbox"/> Single or Married filing separately | | |
| <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse | | |
| <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.) | | |

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See pages 2 and 3 for more information on each step and how to elect to have no federal income tax withheld (if permitted).

Step 2: Income From a Job and/or Multiple Pensions/ Annuities (Including a Spouse's Job/ Pension/ Annuity)

Complete this step if you (1) have income from a job or more than one pension/annuity, or (2) are married filing jointly and your spouse receives income from a job or a pension/annuity. **See page 2 for examples on how to complete Step 2.**

Do **only one** of the following.

(a) Reserved for future use.

(b) Complete the items below.

(i) If you (and/or your spouse) have one or more jobs, then enter the total taxable annual pay from all jobs, plus any income entered on Form W-4, Step 4(a), for the jobs less the deductions entered on Form W-4, Step 4(b), for the jobs. Otherwise, enter "-0-" . . . \$ _____

(ii) If you (and/or your spouse) have any other pensions/annuities that pay less annually than this one, then enter the total annual taxable payments from all lower-paying pensions/annuities. Otherwise, enter "-0-" . . . \$ _____

(iii) Add the amounts from items (i) and (ii) and enter the **total** here . . . \$ _____

TIP: To be accurate, submit a new Form W-4P for all other pensions/annuities if you haven't updated your withholding since 2021 or this is a new pension/annuity that pays less than the other(s). Submit a new Form W-4 for your job(s) if you have not updated your withholding since 2019. If you have self-employment income, see page 2.

Complete Steps 3–4(b) on this form only if (b)(i) is blank **and** this pension/annuity pays the most annually. Otherwise, do not complete Steps 3–4(b) on this form.

| | | | |
|--|---|----------|-------------------|
| Step 3: | If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): | | |
| Claim Dependent and Other Credits | Multiply the number of qualifying children under age 17 by \$2,000 | \$ _____ | |
| | Multiply the number of other dependents by \$500 | \$ _____ | |
| | Add other credits, such as foreign tax credit and education tax credits | \$ _____ | |
| | Add the amounts for qualifying children, other dependents, and other credits and enter the total here | | 3 \$ _____ |

| | | |
|---|--|----------------------|
| Step 4 (optional): Other Adjustments | (a) Other income (not from jobs or pension/annuity payments). If you want tax withheld on other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, taxable social security, and dividends | 4(a) \$ _____ |
| | (b) Deductions. If you expect to claim deductions other than the basic standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here | 4(b) \$ _____ |
| | (c) Extra withholding. Enter any additional tax you want withheld from each payment | 4(c) \$ _____ |

Step 5:

Sign Here _____ **Your signature** (This form is not valid unless you sign it.)

_____ **Date**

General Instructions

Section references are to the Internal Revenue Code.

Future developments. For the latest information about any future developments related to Form W-4P, such as legislation enacted after it was published, go to www.irs.gov/FormW4P.

Purpose of form. Complete Form W-4P to have payers withhold the correct amount of federal income tax from your periodic pension, annuity (including commercial annuities), profit-sharing and stock bonus plan, or IRA payments. Federal income tax withholding applies to the taxable part of these payments. Periodic payments are made in installments at regular intervals (for example, annually, quarterly, or monthly) over a period of more than 1 year. Don't use Form W-4P for a nonperiodic payment (note that distributions from an IRA that are payable on demand are treated as nonperiodic payments) or an eligible rollover distribution (including a lump-sum pension payment). Instead, use Form W-4R, Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions, for these payments/distributions. For more information on withholding, see Pub. 505, Tax Withholding and Estimated Tax.

Choosing not to have income tax withheld. You can choose not to have federal income tax withheld from your payments by writing "No Withholding" on Form W-4P in the space below Step 4(c). Then, complete Steps 1a, 1b, and 5. Generally, if you are a U.S. citizen or a resident alien, you are not permitted to elect not to have federal income tax withheld on payments to be delivered outside the United States and its territories.

Caution: If you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return. If your tax situation changes, or you chose not to have federal income tax withheld and you now want withholding, you should submit a new Form W-4P.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you (or you and your spouse) receive. If you do not have a job and want to pay these taxes through withholding from your payments, you should enter the self-employment income in Step 4(a). Then compute your self-employment tax, divide that tax by the number of payments remaining in the year, and include that resulting amount per payment in Step 4(c). You can also add half of the annual amount of self-employment tax to Step 4(b) as a deduction. To calculate self-employment tax, you generally multiply the self-employment income by 14.13% (this rate is a quick way to figure your self-employment tax and equals the sum of the 12.4% social security tax and the 2.9% Medicare tax multiplied by 0.9235). See Pub. 505 for more information, especially if your self-employment income multiplied by 0.9235 is over \$160,200.

Payments to nonresident aliens and foreign estates. Do not use Form W-4P. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Pub. 519, U.S. Tax Guide for Aliens, for more information.

Tax relief for victims of terrorist attacks. If your disability payments for injuries incurred as a direct result of a terrorist attack are not taxable, write "No Withholding" in the space below Step 4(c). See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you have at least one of the following: income from a job, income from more than one pension/annuity, and/or a spouse (if married filing jointly) that receives income from a job/pension/annuity. The following examples will assist you in completing Step 2.

Example 1. Bob, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Bob also has a job that pays \$25,000 a year. Bob has no other pensions or annuities. Bob will enter \$25,000 in Step 2(b)(i) and in Step 2(b)(iii).

If Bob also has \$1,000 of interest income, which he entered on Form W-4, Step 4(a), then he will instead enter \$26,000 in Step 2(b)(i) and in Step 2(b)(iii). He will make no entries in Step 4(a) on this Form W-4P.

Example 2. Carol, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Carol does not have a job, but she also receives another pension for \$25,000 a year (which pays less annually than the \$50,000 pension). Carol will enter \$25,000 in Step 2(b)(ii) and in Step 2(b)(iii).

If Carol also has \$1,000 of interest income, then she will enter \$1,000 in Step 4(a) of this Form W-4P.

Example 3. Don, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Don does not have a job, but he receives another pension for \$75,000 a year (which pays more annually than the \$50,000 pension). Don will not enter any amounts in Step 2.

If Don also has \$1,000 of interest income, he won't enter that amount on this Form W-4P because he entered the \$1,000 on the Form W-4P for the higher paying \$75,000 pension.

Example 4. Ann, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Ann also has a job that pays \$25,000 a year and another pension that pays \$20,000 a year. Ann will enter \$25,000 in Step 2(b)(i), \$20,000 in Step 2(b)(ii), and \$45,000 in Step 2(b)(iii).

If Ann also has \$1,000 of interest income, which she entered on Form W-4, Step 4(a), she will instead enter \$26,000 in Step 2(b)(i), leave Step 2(b)(ii) unchanged, and enter \$46,000 in Step 2(b)(iii). She will make no entries in Step 4(a) of this Form W-4P.

If you are married filing jointly, the entries described above do not change if your spouse is the one who has the job or the other pension/annuity instead of you.



Multiple sources of pensions/annuities or jobs. If you (or if married filing jointly, you and/or your spouse) have a job(s), do NOT complete Steps 3 through 4(b) on Form W-4P. Instead, complete Steps 3 through 4(b) on the Form W-4 for the job. If you (or if married filing jointly, you and your spouse) do not have a job, complete Steps 3 through 4(b) on Form W-4P for **only** the pension/annuity that pays the most annually. Leave those steps blank for the other pensions/annuities.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. Including these credits will increase your payments and reduce the amount of any refund you may receive when you file your tax return.

Specific Instructions (continued)

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include amounts from any job(s) or pension/annuity payments. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your pension, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 6, if you expect to claim deductions other than the basic standard deduction on your 2023 tax return and want to reduce your withholding to account for these deductions.

This includes itemized deductions, the additional standard deduction for those 65 and over, and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from **each payment**. Entering an amount here will reduce your payments and will either increase your refund or reduce any amount of tax that you owe.

Note: If you don't give Form W-4P to your payer, you don't provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then the payer will withhold tax from your payments as if your filing status is single with no adjustments in Steps 2 through 4. For payments that began before 2023, your current withholding election (or your default rate) remains in effect unless you submit a new Form W-4P.

Step 4(b)—Deductions Worksheet (Keep for your records.)



| | | | | | | |
|---|---|---|--|---|---|----------|
| 1 | Enter an estimate of your 2023 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income | 1 | \$ _____ | | | |
| 2 | Enter: <table style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td style="padding: 0 10px;"> <ul style="list-style-type: none"> • \$27,700 if you're married filing jointly or a qualifying surviving spouse • \$20,800 if you're head of household • \$13,850 if you're single or married filing separately </td> <td style="font-size: 3em; vertical-align: middle;">}</td> </tr> </table> | { | <ul style="list-style-type: none"> • \$27,700 if you're married filing jointly or a qualifying surviving spouse • \$20,800 if you're head of household • \$13,850 if you're single or married filing separately | } | 2 | \$ _____ |
| { | <ul style="list-style-type: none"> • \$27,700 if you're married filing jointly or a qualifying surviving spouse • \$20,800 if you're head of household • \$13,850 if you're single or married filing separately | } | | | | |
| 3 | If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" | 3 | \$ _____ | | | |
| 4 | If line 3 equals zero, and you (or your spouse) are 65 or older, enter: <ul style="list-style-type: none"> • \$1,850 if you're single or head of household. • \$1,500 if you're married filing separately. • \$1,500 if you're a qualifying surviving spouse or you're married filing jointly and one of you is under age 65. • \$3,000 if you're married filing jointly and both of you are age 65 or older. Otherwise, enter "-0-". See Pub. 505 for more information | 4 | \$ _____ | | | |
| 5 | Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information | 5 | \$ _____ | | | |
| 6 | Add lines 3 through 5. Enter the result here and in Step 4(b) on Form W-4P | 6 | \$ _____ | | | |

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to provide this information only if you want to (a) request federal income tax withholding from pension or annuity payments based on your filing status and adjustments; (b) request additional federal income tax withholding from your pension or annuity payments; (c) choose not to have federal income tax withheld, when permitted; or (d) change a previous Form W-4P. To do any of the aforementioned, you are required by sections 3405(e) and 6109 and their regulations to provide the information requested on this form. Failure to provide this information may result in inaccurate withholding on your payment(s). Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws. We may

also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions

Department of the Treasury
Internal Revenue Service

Give Form W-4R to the payer of your retirement payments.

2023

| | | |
|---|-----------|----------------------------------|
| 1a First name and middle initial | Last name | 1b Social security number |
|---|-----------|----------------------------------|

Address

City or town, state, and ZIP code

Your withholding rate is determined by the type of payment you will receive.

- For nonperiodic payments, the default withholding rate is 10%. You can choose to have a different rate by entering a rate between 0% and 100% on line 2. Generally, you can't choose less than 10% for payments to be delivered outside the United States and its territories.
- For an eligible rollover distribution, the default withholding rate is 20%. You can choose a rate greater than 20% by entering the rate on line 2. You may not choose a rate less than 20%.

See page 2 for more information.

| | | |
|---|----------|---|
| 2 Complete this line if you would like a rate of withholding that is different from the default withholding rate. See the instructions on page 2 and the Marginal Rate Tables below for additional information. Enter the rate as a whole number (no decimals) | 2 | % |
|---|----------|---|

| | | |
|------------------|---|------|
| Sign Here | Your signature (This form is not valid unless you sign it.) | Date |
|------------------|---|------|

General Instructions

Section references are to the Internal Revenue Code.

Future developments. For the latest information about any future developments related to Form W-4R, such as legislation enacted after it was published, go to www.irs.gov/FormW4R.

Purpose of form. Complete Form W-4R to have payers withhold the correct amount of federal income tax from your nonperiodic payment or eligible rollover distribution from an employer retirement plan, annuity (including a commercial annuity), or individual retirement arrangement (IRA). See page 2 for the rules and options that are available for each type of payment. Don't use Form W-4R for periodic payments (payments made in installments at regular

intervals over a period of more than 1 year) from these plans or arrangements. Instead, use Form W-4P, Withholding Certificate for Periodic Pension or Annuity Payments. For more information on withholding, see Pub. 505, Tax Withholding and Estimated Tax.

Caution: If you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return. Your withholding choice (or an election not to have withholding on a nonperiodic payment) will generally apply to any future payment from the same plan or IRA. Submit a new Form W-4R if you want to change your election.

2023 Marginal Rate Tables

You may use these tables to help you select the appropriate withholding rate for this payment or distribution. Add your income from all sources and use the column that matches your filing status to find the corresponding rate of withholding. See page 2 for more information on how to use this table.

| Single or Married filing separately | | Married filing jointly or Qualifying surviving spouse | | Head of household | |
|-------------------------------------|--------------------------------|---|--------------------------------|--------------------|--------------------------------|
| Total income over— | Tax rate for every dollar more | Total income over— | Tax rate for every dollar more | Total income over— | Tax rate for every dollar more |
| \$0 | 0% | \$0 | 0% | \$0 | 0% |
| 13,850 | 10% | 27,700 | 10% | 20,800 | 10% |
| 24,850 | 12% | 49,700 | 12% | 36,500 | 12% |
| 58,575 | 22% | 117,150 | 22% | 80,650 | 22% |
| 109,225 | 24% | 218,450 | 24% | 116,150 | 24% |
| 195,950 | 32% | 391,900 | 32% | 202,900 | 32% |
| 245,100 | 35% | 490,200 | 35% | 252,050 | 35% |
| 591,975* | 37% | 721,450 | 37% | 598,900 | 37% |

* If married filing separately, use \$360,725 instead for this 37% rate.

General Instructions (continued)

Nonperiodic payments—10% withholding. Your payer must withhold at a default 10% rate from the taxable amount of nonperiodic payments **unless** you enter a different rate on line 2. Distributions from an IRA that are payable on demand are treated as nonperiodic payments. Note that the default rate of withholding may not be appropriate for your tax situation. You may choose to have no federal income tax withheld by entering “-0-” on line 2. See the specific instructions below for more information. Generally, you are not permitted to elect to have federal income tax withheld at a rate of less than 10% (including “-0-”) on any payments to be delivered outside the United States and its territories.

Note: If you don’t give Form W-4R to your payer, you don’t provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then the payer must withhold 10% of the payment for federal income tax and can’t honor requests to have a lower (or no) amount withheld. Generally, for payments that began before 2023, your current withholding election (or your default rate) remains in effect unless you submit a Form W-4R.

Eligible rollover distributions—20% withholding. Distributions you receive from qualified retirement plans (for example, 401(k) plans and section 457(b) plans maintained by a governmental employer) or tax-sheltered annuities that are eligible to be rolled over to an IRA or qualified plan are subject to a 20% default rate of withholding on the taxable amount of the distribution. You can’t choose withholding at a rate of less than 20% (including “-0-”). Note that the default rate of withholding may be too low for your tax situation. You may choose to enter a rate higher than 20% on line 2. Don’t give Form W-4R to your payer unless you want more than 20% withheld.

Note that the following payments are **not** eligible rollover distributions: (a) qualifying “hardship” distributions, and (b) distributions required by federal law, such as required minimum distributions. See Pub. 505 for details. See also *Nonperiodic payments—10% withholding* above.

Payments to nonresident aliens and foreign estates. Do not use Form W-4R. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Pub. 519, U.S. Tax Guide for Aliens, for more information.

Tax relief for victims of terrorist attacks. If your disability payments for injuries incurred as a direct result of a terrorist attack are not taxable, enter “-0-” on line 2. See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

Specific Instructions

Line 1b

For an estate, enter the estate’s employer identification number (EIN) in the area reserved for “Social security number.”

Line 2

More withholding. If you want more than the default rate withheld from your payment, you may enter a higher rate on line 2.

Less withholding (nonperiodic payments only). If permitted, you may enter a lower rate on line 2 (including “-0-”) if you want less than the 10% default rate withheld from your payment. If you have already paid, or plan to pay, your tax on this payment through other withholding or estimated tax payments, you may want to enter “-0-”.

Suggestion for determining withholding. Consider using the Marginal Rate Tables on page 1 to help you select the appropriate withholding rate for this payment or distribution. The tables are most accurate if the appropriate amount of tax on all other sources of income, deductions, and credits has been paid through other withholding or estimated tax payments. If the appropriate amount of tax on those sources of income has not been paid through other withholding or estimated tax payments, you can pay that tax through withholding on this payment by entering a rate that is greater than the rate in the Marginal Rate Tables.

The marginal tax rate is the rate of tax on each additional dollar of income you receive above a particular amount of income. You can use the table for your filing status as a guide to find a rate of withholding for amounts above the total income level in the table.

To determine the appropriate rate of withholding from the table, do the following. Step 1: Find the rate that corresponds with your total income not including the payment. Step 2: Add your total income and the taxable amount of the payment and find the corresponding rate.

If these two rates are the same, enter that rate on line 2. (See *Example 1* below.)

If the two rates differ, multiply (a) the amount in the lower rate bracket by the rate for that bracket, and (b) the amount in the higher rate bracket by the rate for that bracket. Add these two numbers; this is the expected tax for this payment. To get the rate to have withheld, divide this amount by the taxable amount of the payment. Round up to the next whole number and enter that rate on line 2. (See *Example 2* below.)

If you prefer a simpler approach (but one that may lead to overwithholding), find the rate that corresponds to your total income including the payment and enter that rate on line 2.

Examples. Assume the following facts for *Examples 1* and *2*. Your filing status is single. You expect the taxable amount of your payment to be \$20,000. Appropriate amounts have been withheld for all other sources of income and any deductions or credits.

Example 1. You expect your total income to be \$60,000 without the payment. Step 1: Because your total income without the payment, \$60,000, is greater than \$58,575 but less than \$109,225, the corresponding rate is 22%. Step 2: Because your total income with the payment, \$80,000, is greater than \$58,575 but less than \$109,225, the corresponding rate is 22%. Because these two rates are the same, enter “22” on line 2.

Example 2. You expect your total income to be \$42,500 without the payment. Step 1: Because your total income without the payment, \$42,500, is greater than \$24,850 but less than \$58,575, the corresponding rate is 12%. Step 2: Because your total income with the payment, \$62,500, is greater than \$58,575 but less than \$109,225, the corresponding rate is 22%. The two rates differ. \$16,075 of the \$20,000 payment is in the lower bracket (\$58,575 less your total income of \$42,500 without the payment), and \$3,925 is in the higher bracket (\$20,000 less the \$16,075 that is in the lower bracket). Multiply \$16,075 by 12% to get \$1,929. Multiply \$3,925 by 22% to get \$863.50. The sum of these two amounts is \$2,792.50. This is the estimated tax on your payment. This amount corresponds to 14% of the \$20,000 payment (\$2,792.50 divided by \$20,000). Enter “14” on line 2.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to provide this information only if you want to (a) request additional federal income tax withholding from your nonperiodic payment(s) or eligible rollover distribution(s); (b) choose not to have federal income tax withheld from your nonperiodic payment(s), when permitted; or (c) change a previous Form W-4R (or a previous Form W-4P that you completed with respect to your nonperiodic payments or eligible rollover distributions). To do any of the aforementioned, you are required by sections 3405(e) and 6109 and their regulations to provide the information requested on this form. Failure to provide this information may result in inaccurate withholding on your payment(s). Failure to provide a properly completed form will result in your payment(s) being subject to the default rate; providing fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S.

commonwealths and territories for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Atlantic Coast Life Insurance Company
Administrative Office

Annuity Disclosure Statement for
Single Premium Deferred Annuity

ACLANPOLC15- TX 09/28/16

ACLANPOLS15- TX 09/28/16

This form is not intended to be a complete explanation of your annuity. Only your contract contains complete details. In the event of a conflict between this disclosure and the contract, the contract shall take precedence. Please read your contract carefully for complete details. If you have any questions, please contact your representative or Atlantic Coast Life Insurance Company for further explanation.

An annuity is a long-term contract between you and an insurance company in which you give the insurance company a sum of money (called a premium). This premium accumulates over time on a tax-deferred basis until you withdraw it from the annuity or begin taking a guaranteed income from the contract. This contract is a single premium annuity which means you buy it with one premium. It is a fixed annuity which means it earns a specified interest rate during the guaranteed period. This annuity is deferred which means payouts begin at a future date. You do not pay taxes on the interest it earns until the money is paid to you.

You can use an annuity to save money for retirement and to receive retirement income for life. It is **not** meant to be used to meet short-term financial goals.

THE ANNUITY CONTRACT

How will the value of my annuity grow?

Your annuity earns tax-deferred interest at a guaranteed rate for a period of 3, 5, 6, 7, 10 and 20 years. You choose the length of the guarantee period at time of application. Interest is credited to your annuity account on the last day of each month.

During the last 30 days before the end of any Guarantee Period, You may choose one of these options to take effect on Your next Contract Anniversary:

- (1) Continue Your Contract for another Guarantee Period, that can be different than the preceding Guarantee Period;
- (2) Apply the Contract Value to a Settlement Option;
- (3) Take a Partial Withdrawal, with no MVA or Surrender Charges, and apply the remaining value to another Guarantee Period that can be different than the preceding Guarantee Period; or
- (4) Surrender the Contract without MVA or Surrender Charges.

Unless you select one of the Options shown above, Your Contract will continue automatically for another Guarantee Period, the same as the preceding Guarantee Period, with a new Guaranteed Interest Rate. The new Guaranteed Interest Rate will be declared by us and depends on current market rates. Interest is credited at the current interest rate offered by the company for each subsequent renewal period.

BENEFITS

How do I get income (payouts) from my annuity?

You must begin income from your annuity no later than the maturity date of the contract. The maturity date is the later of the 10th Contract Anniversary or the anniversary next following the Annuitant's 70th birthday.

The value of your annuity will be paid out over a specified period of time which you can choose.

Once payouts begin, you cannot surrender (cancel) your annuity.

What happens after the owner's death?

The Death Proceeds payable equal the Cash Surrender Value on the date of death. If you die before the Maturity Date, We pay Death Proceeds to your Beneficiary.

OPTIONAL BENEFIT RIDERS AND THEIR FEES

What other benefits can I choose?

Death Benefit Equal to Contract Value Rider

(available with both Simple and Compound Interest)

This rider ensures that upon the death of the Owner or Annuitant, the death benefit paid will be equal to the Total Contract Value, and any Withdrawal, Surrender Charge, or Market Value Adjustment will be waived. This rider will reduce the interest rate by [0.25%].

Preferred 10% Free Withdrawal Rider

(available with Compound Interest only)

This rider allows you to withdraw in a contract year, without Surrender Charge or Market Value Adjustment applied to your first withdrawal, up to 10% of your Contract Value (on a non-cumulative basis) or your Required Minimum Distribution. You will not be entitled to a 10% free withdrawal on full surrenders. This rider will reduce the interest rate by [0.15%].

Accumulated Interest Withdrawal Rider

(available with Compound Interest only)

This rider allows you, during the Surrender Charge Period, to withdraw accumulated interest without Surrender Charge or Market Value Adjustment applied. This rider will reduce the interest rate by [0.05%].

FEES, EXPENSES AND OTHER CHARGES

What happens if I take out some or all of the money from my annuity?

You cannot take any of the money out of your annuity after annuitization begins. Before annuitization begins, you can take out all of your annuity's value (full surrender) or part of it (partial surrender). You can take out any amount subject to minimum withdrawal amount rules established by Atlantic Coast Life Insurance Company and in effect at the time of the partial withdrawal.

We take a surrender charge from the amounts you withdraw. The surrender charges that apply to amounts withdrawn are shown in the table below.

Initial Surrender Charge Schedule (applies during the Initial Guarantee Period)

Issue Ages Under 60:

| Guarantee Period | Surrender Charges for Policy Year | | | | | | | | | | |
|------------------|-----------------------------------|----|----|----|----|----|----|----|----|----|-------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11-20 |
| 5-year | 9% | 8% | 7% | 6% | 5% | | | | | | |
| 6-year | 9% | 8% | 7% | 6% | 5% | 5% | | | | | |
| 7-year | 9% | 8% | 7% | 6% | 5% | 5% | 5% | | | | |
| 10-year | 9% | 8% | 7% | 6% | 5% | 5% | 5% | 5% | 5% | 5% | |
| 20-year | 9% | 8% | 7% | 6% | 5% | 5% | 5% | 5% | 5% | 5% | 5% |

Issue Ages 60 and Older (applies to all Guarantee Periods):

| Surrender Charges for Policy Year | | | | | | | | | |
|-----------------------------------|----|----|----|----|----|----|----|----|----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 8% | 7% | 6% | 5% | 4% | 3% | 2% | 1% | 0% | 0% |

During renewal guarantee periods, surrender charges are 5% regardless of the guarantee period.

For issue ages under 60, the following surrender charge applies after the owner has reached:

| Attained Age | Surrender Charge |
|--------------|------------------|
| 63 | 5% |
| 64 | 4% |
| 65 | 3% |
| 66 | 2% |
| 67 | 1% |
| 68-100 | 0% |

When you make a withdrawal, we also may increase or decrease the amount you receive based on a **market value adjustment (MVA)**. If interest rates went up after you bought your annuity, the MVA will likely decrease the amount you receive. If interest rates went down, the MVA will likely increase the amount you receive.

Can I take some of the money out of my annuity without a surrender charge or market value adjustment?

Yes, in some cases, depending on the optional riders you add to your policy.

Do I pay any other fees or charges?

No. There are not any other fees or charges on this annuity.

TAXES

How will payouts and withdrawals from my annuity be taxed?

This annuity is tax-deferred, which means you do not pay taxes on the interest it earns until the money is paid out to you. When you take payouts or make a withdrawal, you pay ordinary income taxes on the earned interest. You may also pay a 10% federal income tax penalty on earnings you withdraw before age 59½. If your state imposes a premium tax, it will be deducted from the money you receive.

You can exchange one tax-deferred annuity for another without paying taxes on the earnings when you make the exchange. Before you exchange annuities, compare the benefits, features and costs of the two annuities. You may pay a surrender charge if you make the surrender during the surrender charge period. Also, you may pay a surrender charge if you make withdrawals from the new annuity during the first years you own it.

Does buying an annuity in a retirement plan provide extra tax benefits?

Buying an annuity within an IRA, 401(k) or other tax-deferred retirement plan does not give you any extra tax benefits. Choose your annuity based on its other features as well as its risks and costs, not its tax benefits.

OTHER INFORMATION

What else do I need to know?

Changes to your contract.

We may change your annuity contract from time to time to follow federal or state laws and regulations. If we do, we will notify you about the changes in writing.

Compensation

We pay the agent or representative for selling the annuity to you. The actual percentage of compensation paid to the agent or representative will vary based on specific circumstances.

Free Look

Many states have laws that give you a set number of days to review an annuity after you buy it. If you decide during that time that you do not want to keep the annuity, you can return it and get all of your money back. Read page 1 of your annuity contract to learn about the free look period.

Tax Advice

Neither Atlantic Coast Life Insurance Company nor its agents and representatives give legal, tax or accounting advice. Please consult an attorney or independent tax advisor as to the applicability of this information to your own situation.

NOTES

ATLANTIC COAST LIFE INSURANCE COMPANY

“Solid Opportunities. Beacon of Integrity”

For over 90 years, you can be sure we have the experience to provide the right products that offer the most value and potential for you. We have also earned a reputation of integrity that speaks volumes about our commitment to our customers and the people who join our team. Founded in 1925, Atlantic Coast Life Insurance Company continues to be fiercely independent, and with a refreshing corporate identity that leads by example.

Superlative Service

Originating in the southeast, we continue to grow nationally while providing security, assurance and peace of mind. We listen to our customers and work hard as a team to provide friendly, professional and proven solutions to all of our clients.

Products and Growth

Atlantic Coast Life Insurance Company is a premier provider of Life Insurance, Pre-Need and Fixed Annuity products for families. Our products and services are offered through a growing network of funeral homes and financial professionals.



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