

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")

Name (<i>Last, First, MI</i>)		National Producer Information	
Business/Agency Name		#:	State(s):
Business Mailing Address		Website	
Business Telephone Number			
Email Address			

Customer Information ("You", "Your")

Name (*Last, First, MI*)

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 or 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 Certificates of Deposit

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'm paid for my work. Depending on the particular annuity You purchase, I may be paid a commission or a fee. Commissions are generally paid to Me by the insurance company while fees are generally paid to Me by the consumer. If You have questions about how I'm paid, please ask Me.

Depending on the particular annuity You buy, I will or may be paid cash compensation as follows:

- Commission, which is usually paid by the insurance company or other sources. If other sources, describe: _____
 Fees (such as a fixed amount, an hourly rate, or a percentage of your payment), which are usually paid directly by the customer.
 Other (Describe): _____

If you have questions about the above compensation I will be paid for this transaction, please ask me.

I may also receive other indirect compensation resulting from this transaction (sometimes called "noncash" compensation), such as health or retirement benefits, office rent and support, or other incentives from the insurance company or other sources.

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

Customer Signature

Date

Agent (Producer) Signature

Date

PRODUCER'S STATEMENT

YES NO

- a. Does the Applicant have existing life insurance policies or annuities in force?
- b. Will the annuity applied for replace, or otherwise reduce in value, any life insurance policy or annuity now in force?.....
If YES to either question a. or b., complete the applicable replacement form(s). Copies of replacement forms are to be provided to both the Owner and the Company.
- c. At the time this application was taken, were the Owners/Annuitants present and did you witness their signatures?.....
- d. Was a government-issued picture I.D. requested reviewed and confirmed for the Owners/Annuitants?.....

For Agents in California

- e. Is this application being taken in the state of **CALIFORNIA**?
If Yes and the Owner is 65 or older: Did you meet with the senior in his/her own residence?
If Yes, form 03-185-1 CA must be completed 24 hours prior to the appointment.
 If the Owner is under age 65, check here:

Check one of the following:

- I hereby certify that no sales material or illustrations were used in this sale.
- I hereby certify that I used only insurer-approved sales materials and copies of all sales materials used during the presentation were left with the applicant. *(List sales materials used below.)*

Form Number and Description	Revision Date

As an agent appointed with Americo Financial Life and Annuity Insurance Company, I understand that I must comply with the requirements of Prohibited Transactions Exemption 84-24 in order to receive commissions on qualified annuity sales. I certify that for this transaction I have:

- Provided the client with a written disclosure of all commissions paid to me as a result of this sale. Commissions must be expressed as an absolute dollar figure or a percentage of gross premium payment.
- Acted in the best interest of the client in making this recommendation.
- Disclosed my relationship with the insurance company.
- Disclosed any material conflicts of interest.
- Provided the client with a statement of any charges, fees, discounts, penalties, or adjustments which may be imposed.
- Received the client's written acknowledgment of receipt of the required disclosures.

I certify all replacement forms and disclosures were completed on or before the date of application and were submitted with this application as required.

Signature of Producer

Type or Print Producer's Name

Americo Producer #	State License # (if required)	Telephone Number	Commission Split